

BurLink Title VI Complaint Form

A. Complainant's information:

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone (Home): _____ Telephone (Work): _____
Email Address: _____

B. Person discriminated against (if someone other than complainant):

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone (Home): _____ Telephone (Work): _____
Email Address: _____

Relationship to the person for whom you are complaining: _____

C. Which of the following best describes the reason you believe the discrimination took place?

Race Color National Origin

Other:

D. On what date(s) did the alleged discrimination take place?

Date: _____
Date: _____
Date: _____
Date: _____
Date: _____

Other:

E. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If additional space is needed, add a sheet of paper.

F. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.

Federal Agency _____ Federal Court _____ State Agency _____
State Court _____ Local Agency _____

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____
Title: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____
Email Address: _____

G. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature _____ Date _____
Attachments: Yes _____ No _____

H. Submit form and any additional information to:

Burlington County Department of Human Resources
49 Rancocas Road
P.O. Box 6000
Mt. Holly, NJ 08060-6000