Title VI Complaint Form

Note: The following information is needed to assist in processing your complaint.

A. Complainant’s information:
   Name: _______________________________________
   Address: ______________________________________
   City/State/Zip Code: ____________________________
   Telephone (home): ______________________________
   Telephone (work): ______________________________
   Email Address: __________________________________

Accessible Format Requirements? (Select one or more)
   _ Large Print
   _ TDD
   _ Audio Tape
   _ Other

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:

Please explain why you have filed for a third party:

____________________________________________________________________________________

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:
   _ Yes     _ No

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: __________________________
   Other: __________________________
E. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. Describe 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 (home): _________________________________________
Telephone (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:
   LADACIN Network
   1703 Kneeley Blvd
   Wanamassa, New Jersey 07712
   Attn: Celeste Smith