

Title VI Complaint Form

A. Complainant's Information:

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone Number: (W) _____ (H/C) _____
Email Address: _____

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

Name : _____
Address: _____
City/State/Zip Code: _____
Telephone Number (W) _____ (H/C) _____
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 the 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 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. Write all that apply:

If you have named any of the above please provide information about a contact person at the agency/court where you filed the complaint.

Name : _____

Address: _____

City/State/Zip Code: _____

Telephone Number (W) _____ (H/C) _____

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 forms and any additional information to:

Administration office

Morris Hall

1 Bishops Drive

Lawrenceville NJ 08648

TFaraone@morrishall.org