TOWNSHIP OF WASHINGTON

TITLE VI COMPLAINT FORM

Title VI Complaint Form - The following Title VI Complaint Form for use by customers who wish to file a Title VI transit-related complaint against the FTA subrecipient. The complaint form shall be available on your website. A subrecipient's Title VI Complaint Form shall specify the three classes protected by Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination. The Title VI Complaint Form is a vital document.

If any of the Limited English Proficient (LEP) populations in your service area meet the Safe Harbor Threshold as described in the FTA ***October 1, 2012 circular 4702.1B Title VI Requirements***, then the procedure should be provided in English *and* in any other language(s) spoken by LEP populations.

Section I:				
Name:				
Address:		**Email address:**		
Telephone (Home):		**Telephone (Work):**		
Accessible Format Requirements?	Large Print		**Audio Tape**	
	TDD		**Other**	
Section II:				
Are you filing this complaint on your own behalf?		Yes*		No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of 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
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
[ ] Race	[ ] Color		[ ] National Origin	
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. 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 more space is needed, please use the back of this form.				
_____				
_____				
Section IV				
Have you previously filed a Title VI complaint with this agency?		Yes		No
Section V				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
[ ] Yes	[ ] No			
If yes, check all that apply:				
[ ] Federal Agency: _____				
[ ] Federal Court _____		[ ] State Agency _____		
[ ] State Court _____		[ ] Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.				
Name:		**Title:**		
Agency:				
Address:		**Telephone:**		
Section VI				
Name of agency complaint is against:		**Contact Person:**		
Title:		**Telephone:**		

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

Signature and date required below

_____ _____

Signature Date

Please submit this form in person at the address listed: Township of Washington, ADA Coordinator, 523 Egg Harbor Road, Sewell, N.J. 08080