

WASHINGTON TOWNSHIP MUNICIPAL SENIOR AND MEDICAL BUS TITLE VI COMPLAINT FORM

Incident Date: _____ Incident Time: _____

Employee name: _____

Complainant Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Number: _____

Email: _____

Person(s) discriminated against (if someone other than complainant)

Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Which of the following best describes the basis of the alleged discrimination:

Age: ____ Ancestry: ____ Atypical hereditary trait: ____ Civil Union: ____ Color: ____ Creed: ____

Disability: ____ Gender: ____ Limited English Proficiency: ____ Marital status: ____

National Origin: ____ Race: ____ Religion: ____ Other: _____

Description of the alleged discrimination incident. Please provide as much detail as possible, including names and titles (if known) of any township employee (s) involved. Explain what happened and who you believe was responsible.

Signature of complainant: _____