



DISCRIMINATION COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Please return this form to the CARING, Inc. Director of Transportation after completing.

Complainant Information

Complainant's Name _____

Address _____

Phone Number(s) _____

Email _____

Accessible format requirements? (Select one or more)

Large Print _____ Audio Tape _____

TDD _____ Other _____

Person alleging discrimination (if someone other than complainant):

Name _____

Address _____

Phone Number(s) _____

Email _____

Incident

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 permission to file this grievance on their behalf:

Yes _____ No _____

Which of the following best describes the reason you believe the discrimination took place? Was it because of your: (check reason)

Race/Color _____ Age _____
National Origin _____ Disability _____
Other _____

What date and location did the alleged discrimination take place? _____

Please describe the alleged discrimination. Explain what happened and whom you believe is 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 any witnesses. Please use the back of this form or add sheets of paper if additional space is required.

Other Filings

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 -----

Address -----

Phone Number(s) -----

Email -----

Signing & Submission

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

Complainant's Signature

Date

Attachments: Yes____ No____

Submit form and any additional information to:

Daniel Lugo, CARING, INC.
PO Box 964, Pleasantville, NJ 08232
dlugo@caringinc.org

If this form is needed in another language, please call (609) 646-1990
Si este formulario se necesita en español, por favor llame (609) 646-1990