



TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground 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." If you feel you have been discriminated against in the provision of County services, please provide the following information in order to assist us in processing your complaint and send it to:

County of Cape May
Office of County Counsel/ Title VI Coordinator
4 Moore Road, DN 104
Cape May Court House, NJ 08210

Please print clearly:

Complainant Name:
Mailing Address:
City/State/Zip Code:
Phone:
Email:

Contact Information on Complainant Contact Information:
Person Discriminated Against (If someone other than complainant):

Name:
Mailing Address:
City/State/Zip Code:
Phone:
Email

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:

Please circle the reason why you believe the discrimination occurred:

Race Color National Origin Income Other

What was the date of the alleged discrimination?



Where did the alleged discrimination take place?
Please describe the incident:

List any and all witnesses names and phone numbers:

What type of corrective action would you like to see taken?

Have you filed this complaint with any other Federal, State or local agency or with any Federal, State or local 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 Number (Home):

Telephone Number (Work):

Email Address:

Please attach any documents you have supporting the allegation. Then sign and date this Form and send to the Title VI Coordinator at the address indicated above.

Your signature: _____

Date: _____

Print your name: _____