



Salem County Office on Aging & Disabilities  
110 Fifth Street, Suite 900  
Salem, New Jersey 08079  
856-339-8622  
SCOOT 856-339-8644

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## Title Vi Complaint Report

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date complaint received: \_\_\_\_\_

How was complaint received: \_\_\_ Phone \_\_\_ Mail \_\_\_ Office Visit \_\_\_ Outreach

Name and telephone number of contact persons involved in complaint:

1. ( ) \_\_\_\_\_

Agency \_\_\_\_\_

2. ( ) \_\_\_\_\_

Agency \_\_\_\_\_

Description of complaint by client (or attach copy of Client Complaint Form):

Describe investigation:

Plan of action:

Date and method by which client was notified of initial decision:

\_\_\_\_\_  
Signature of service provider

\_\_\_\_\_  
Date

**Name /Subject**  
**Date**

## TITLE VI COMPLAINT FORM

### A. Complainant's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

Email Address: \_\_\_\_\_

### B. Person Discriminated Against (if someone other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

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 a third party.

\_\_\_\_\_ YES

\_\_\_\_\_ NO

C: If discrimination took place was it because of your  
Race/Color \_\_\_\_\_ Age \_\_\_\_\_ Disability \_\_\_\_\_ National Origin \_\_\_\_\_

D: On what date(s) did the alleged discrimination take place?

Date: \_\_\_\_\_

**Name /Subject  
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? 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: \_\_\_\_\_ -

Telephone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Name /Subject**  
**Date**

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 \_\_\_\_\_