

## The Arc Gloucester 1555 Gateway Blvd. West Deptford, NJ 08096

## Achieve with us.

856-848-8648 - Phone 856-848-7753 - Fax www.TheArcGloucester.org

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."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form please contact the Director of Human Resources at 856-848-8648 for assistance.

For complaints concerning Section 5310 (Senior Citizens and Persons with Disabilities), or other programs funded by the Federal Transit Administration, complete and return this form to the address above.

## <u>Title VI Complaint Form</u>

\*The following information is needed to assist in processing your complaint.

A. Complainant's information:	
Name:	
Address:	
City/State/Zip Code:	
Telephone Number (Home):	
Telephone Number (Work):	
Email Address:	
Accessible Format Requirements? (Select One or More)	
Large Print TDD Audio Other	
B. Person discriminated against (if someone other than complainant	<u>:</u> ):
Name:	
Address:	
City/State/Zip Code:	
Telephone Number (Home):	
Telephone Number (Work):	
Email Address:	
Relationship to the person for whom you are complaining:	

	·	of the aggrieved party if you are filing
	ing best describes the reason	you believe the discrimination took
place?Race Other:	Color	National Origin
Date: Date: Date: Date: Other:	  	
E. Please describe the a was responsible. Description of the person	illeged discrimination. Explain wribe all persons who were invoon(s) who discriminated agains any witnesses. If additional spa	rhat happened and whom you believe lived. Include the name and contact st you (if known) as well as names and lice is needed, add a sheet of paper.
		·
F. Have you filed this confederal or State court?    Federal Agency_	omplaint with any other Federo Please specify and list all that o	al, State, or local agency, or with any apply.
<ul><li>State Agency</li><li>State Court</li></ul>	  	

If you ha	ve checked	above,	please	provide	information	about	a	contact	person	at	the
agency/c	ourt where t	the com	plaint w	as filed.							

Name:		
Title:		
Address:		
City/State/Zip C	ode:	
Telephone Num	ber (Home):	
Telephone Num	ber (Work):	
Email Address:		
G. Please sign below think is relevant to yo	•	tten materials or other information that you
Signature:		Date
Attachments: Yes	No	
H. Submit form and a	ny additional information	to:
The Arc Gloucester		
Attn: Director of Humo	an Resources	
1555 Gateway Boulev	ard	
West Deptford, NJ 08	096	

## The Arc Gloucester – Transit-related Title VI investigation, lawsuit and/or complaint log.

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken		
Investigations	There are no active investigations at this time.					
1.						
2.						
3.						
4.						
5.						
Lawsuits	There are no active lawsuits at this time.					
1.						
2.						
3.						
4.						
5.						
Complaints	There are no active complaints at this time.					
1.						
2.						
3.						
4.						
5.						

The Director of Human Resources will maintain and update the above information. In addition to meeting within 20 days of individual complaints, The Chief Executive Officer, Chief Operations Officer, and Director of Human Resources will meet on an annual basis to review the above information to identify opportunities for training.