



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.

Title VI Complaint Form

Note: 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 Tape
- Other

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. Which of the following best describes the reason you believe the discrimination took place?

Race Color National Origin

Other:

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

Date: _____

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 Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____
Email Address: _____

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 _____

H. Submit form and any additional information to:

The Arc Gloucester
Attn: Human Resource Manager
1555 Gateway Boulevard
West Deptford, NJ 08096

