

Township of Cherry Hill's Senior Bus Program

Title VI Complaint Form

Note: The following information is needed to assist in processing your complaint.

Complaint Form

Section I : Please write legibly	
Name:	
Address:	
City/State/Zip Code	
Telephone(Home):	Telephone(Cell):
E-Mail Address:	
Accessible Format () Large Print	() Audio Tape
Requirements? () TDD	() Other
Section II :	
Are you filing this complaint on your own behalf? () Yes () No	
If NO, please complete the following information on the person being discriminated against:	
Name:	
Address:	
City/State/Zip Code	
Telephone(Home):	Telephone(Work):
E-Mail Address:	
Relationship for the person to whom you are complaining:	
Please explain why you have filed for a third party:	
Please confirm that you have received permission of the aggrieved party if you are filing on behalf of a third party. () Yes () No	
Section III :	

<p>Which of the following best describes the reason you believe the discrimination took place? () Race () Color () National Origin () Other</p>
<p>On what date(s) did the alleged discrimination take place?</p> <p>Date: Date: Date: Date: Other:</p>
<p>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.</p>
<p>Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.</p> <p>Federal Agency _____ Federal Court _____ State Agency _____ State Court _____ Local Agency _____</p>
<p>If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.</p>

Name: _____
Title: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____
Telephone Number (Work): _____
Email Address: _____
<p>Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.</p>
Signature _____
Date _____
Attachments: Yes _____ No _____

Submit form and any additional information to:

Township of Cherry Hill
Attention: Township Clerk
820 Mercer Street
Cherry Hill, NJ 08002