



Title VI Complaint Form

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

A. Complainant's information:

Date: _____

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: _____

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:

Kathy Boffa, Compliance Officer

Township of Livingston

357 S. Livingston Avenue

Livingston, NJ 07039

Phone: 973-992-5000 ext. #5361

Email: kboffa@livingstonnj.org