



**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.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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:

Samantha Howard, Executive Director  
Bayonne Economic Opportunity Foundation  
555 Kennedy Blvd. PO Box 1032

Complaints can also be made to:

Title VI Program Coordinator  
East Building, 5<sup>th</sup> Floor  
TCR U.S. Department of Transportation  
Federal Transit Administration  
Office of Civil Rights  
1200 New Jersey Ave, SE  
Washington, DC 20590

Documents available in other languages upon request

Documentos disponibles en español a petición

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