Title VI Complaint Form: Pleasantville Government  Dated: July 1, 2015

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: ________________
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 __________________

Print name: _____________________________________

Attachments:  Yes___________ No____________

H. Submit form and any additional information to:

City of Pleasantville
18 N. First Street
Pleasantville, NJ 08232
Attention:  Title VI Officer (Linda Peyton)