

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
- ☐ 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? (DATES ARE INCLUDED BELOW)

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Other: _____

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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. Submit form and any additional information to:

Hilda Diaz, Director, Senior Services & Transportation, 165 5th Avenue, Paterson, New Jersey 07524