

# BurLink Title VI Complaint Form

A. Complainant's information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_  
Email Address: \_\_\_\_\_

B. Person discriminated against (if someone other than complainant):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_  
Email Address: \_\_\_\_\_

Relationship to the person for whom you are complaining: \_\_\_\_\_

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.

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

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:

Burlington County Department of Human Resources  
49 Rancocas Road  
P.O. Box 6000  
Mt. Holly, NJ 08060-6000