



Mount Carmel Guild Behavioral Health System
Mount Carmel Guild Schools

590 N. 7th Street, Newark, NJ 07107
Person responsible for Title VI program:
EEO Officer, Legal Dept., (973) 596-4120
www.ccannj.org

COMPLAINT FORM UNDER TITLE VI (2015)

Catholic Charities of the Archdiocese of Newark (“the Agency”) provides the following Complaint Form as information to the public regarding the Agency’s obligations under the DOT’s Title VI regulations and the protections against discrimination afforded to the public by Title VI.

COMPLAINT FORM

The Agency is committed to ensuring that no person is excluded from or denied the benefits of transit services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964, as amended. No person or group of persons shall be discriminated against with regards to the routing, scheduling, or quality of transportation service on the basis of race, color, or national origin. Frequency of service, age, and quality of vehicles assigned to routes, quality of stations serving different routes, and location of routes may not be determined on the basis of race, color or national origin.

A. Complainant’s Information

Name: _____

Address: _____

City, State, and Zip Code: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

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, and Zip Code: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

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: _____

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 the names and contact information of any witnesses. If additional space is needed, please 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? Please list all that apply.

Federal agency _____

Federal court _____

State agency _____

State court _____

Local agency _____

If you have filled in any of the above, please provide information about the contact person at the agency/court where the complaint was filed.

Name _____

Title _____

Address _____

City, State, and Zip Code _____

Telephone Number (Work) _____

E-mail 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:

CCAN – Legal Department ATTN:
EEO Officer
590 N. 7th Street
Newark, NJ 07107