



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

## **COMPLAINT FORM UNDER TITLE VI (2024)**

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:

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**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.**

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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? 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. 7<sup>th</sup> Street  
Newark, NJ 07107