Sussex County Skylands Ride

Title VI Complaint Form (Discrimination)

The County of Sussex, Skylands Ride operates programs without regard to Race, Color, and/or National Origin. A complaint must be filed within 180 days of incident.

Note: The following information is necessary to assist us in processing your complaint. If you require help in filling out this form, please let us know.

For complaints concerning Section 5307 (Small Urban), Section 5310 (Seniors and Individuals with Disabilities), Section 5311 (Non-Urbanized), or other grant programs funded by the Federal Transit Administration, complete and return this form to:

County of Sussex
County Administrator
One Spring Street
Newton, NJ 07860

1. Complainant's Name: _____

2. Address: _____

3. City, State and Zip Code: _____

4. Telephone Number (home): _____ (work) _____

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

   Name_____

   Address _____

   City, State and Zip Code _____

6. Do you believe discrimination took place because of your (check best answer):

   a. Race ____ b. Color_____ c. National Origin _____

7. What was the date of the alleged discrimination: _____

8. Where did the discrimination take place? _____

   _____

9. Whom do you believe was responsible? _____

10. Explain what happened: _____

_____

_____

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11. Have you filed this complaint with any other agency or court? No ☐ Yes ☐ If yes, please check all that apply and give us the contact information requested below:

☐ Federal agency ☐ Federal court ☐ State agency

☐ State court ☐ Local agency

Please tell us who to contact at the agency or court where the complaint was filed:

Name _____

Address _____

City, State and Zip Code _____

Telephone Number _____

Please sign this complaint form below. You may also attach any written materials or other information about your complaint that you would like to include.

_____ _____

Complainant's Signature Date