



**Monmouth County Division of Transportation (SCAT)
Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

If you believe that you were subjected to discrimination, please complete the following form. If you require assistance, we will provide it to you. The completed form can be emailed or mailed to the following address:

Monmouth County Division of Transportation (SCAT)
25 Center Street
Freehold, NJ 07728
Kathleen.Lodato@co.monmouth.nj.us email address

1. **Complainant's Name:** _____

2. **Address:** _____

3. **City:** _____

4. **Telephone No. (Home):** _____ **(Cell):** _____

5. **Person discriminated against (is someone other than Complainant):**

Name: _____

Address: _____

City : _____ State: _____ Zip Code: _____

6. **Which of the following best describes the reason you believe the discrimination took place:**

- | | | |
|--------------------------|--------------------------------------|----------------|
| a. Race _____ | d. Gender _____ | h. Other _____ |
| b. Color _____ | e. Age _____ | |
| c. National Origin _____ | f. Limited English Proficiency _____ | |

7. Date of incident resulting in discrimination: _____

8. Please describe how you were discriminated against. In your response, provide as much detail as possible concerning what happened and who was responsible. Also, state where the incident occurred, describe the SCAT vehicle and driver (if applicable), and provide the names of anyone else involved in the incident. Please attach additional sheets if you require more space.

9. Are there any witnesses to the incident: Please provide their contact information below.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers (Home): _____ (Cell): _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers (Home): _____ (Cell): _____

10. Did you file this complaint with another federal, state or local agency, or with a federal or state court? _____ Yes _____ No

If yes, check all that apply:

_____ Federal Agency _____ Federal Court _____ State Agency

_____ State Court _____ Local Agency

11. Provide contact information for the agency or Court that you filed the complaint with.

Name: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Please sign below. You may attach any written materials or other information that you believe support your complaint.

Complainant's Signature

Signature Date

