

**County of Union  
Title VI Complaint Form**

**Instructions:** If you would like to submit a Title VI complaint to the County of Union, please fill out the form below and send it to: County of Union Attention: Deana Mesaros, Director, Union County Paratransit, 10 Elizabethtown Plaza- 2<sup>nd</sup> floor, Elizabeth, NJ 07202. For questions or a full copy of the County of Union's Title VI policy and complaint procedures call 908-659-5000 or email [dmesaros@ucnj.org](mailto:dmesaros@ucnj.org)

1. Name (Complainant):
2. Phone:
3. Home Address (Street no., Town, State, Zip):
4. If applicable, name of person(s) who allegedly discriminated against you:
5. Location and position of person(s) if known:
6. Date of incident:
7. Discrimination because of:
  - Race
  - National origin
  - Color
  - Sex
  - Disability
8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.
9. Why do you believe these events occurred?
10. What other information do you think is relevant to the investigation?
11. How can this/these issues be resolved to your satisfaction?

Name:

Address:

Phone number:

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

13. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

yes no

If yes, check all that apply:

Federal agency

Local agency Federal court

State agency

State court

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.

Agency/Court:

Contact Name:

Address:

Phone #:

Include additional pages if necessary.

Signature (Complainant):\_\_\_\_\_ Date of filing: \_\_\_\_\_