

TOWNSHIP OF UNION

IN THE COUNTY OF UNION  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF SENIOR CITIZENS ACTIVITIES  
968 BONNEL CT.  
UNION, NEW JERSEY 07083  
TEL NO. (908) 851-5290  
FAX NO. (908) 851-5292

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PHYLLIS L. MONGUSO, Director

## ADA Title VI Complaint Form

Note: The following is needed to assist in processing your complaint.

### A. Complainant's information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

Accessible format Requirements (Select one or more)

1. Large print
2. In any other language beside English
3. Other

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

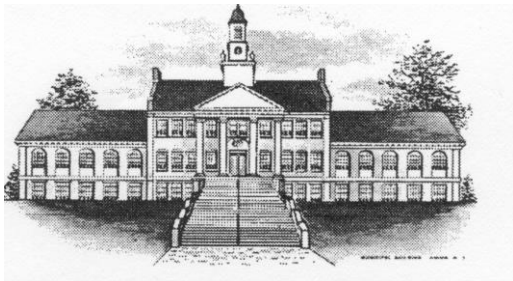
Telephone Number Home): \_\_\_\_\_

Telephone Number (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the person for whom you are complaining: \_\_\_\_\_

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\_\_\_\_\_  
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C. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

1. Yes

2. No

D. Which of the following best describes the reason you believe the discrimination took place?

Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin \_\_\_\_\_

Other: \_\_\_\_\_

E. On What date(s) did the alleged discrimination take place?

Date: \_\_\_\_\_

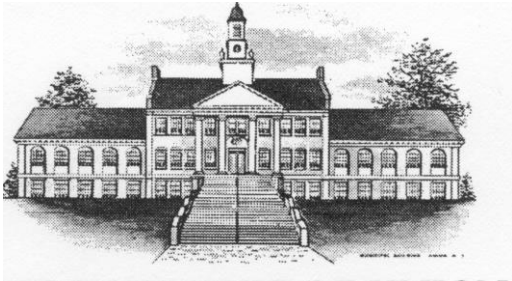
Date: \_\_\_\_\_

Date: \_\_\_\_\_

F. Please describe the alleged dissemination. 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 know) as well as names and contact information of any witnesses. If additional space is need, add a sheet of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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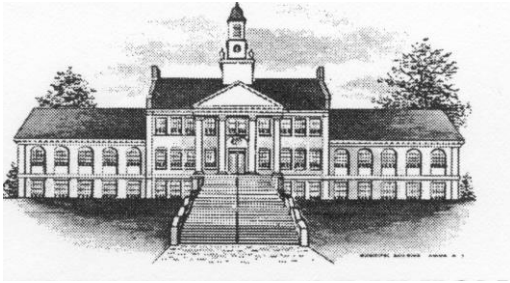
\_\_\_\_\_  
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\_\_\_\_\_

G. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.

Federal Agency \_\_\_\_\_  
Federal Court \_\_\_\_\_  
State Agency \_\_\_\_\_  
State Court \_\_\_\_\_  
Local Agency \_\_\_\_\_

If you have checked above, please provide information about a contact person at the agency/ court where the complaint was filed.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ Zip Code: \_\_\_\_\_



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- H. Please sign below. You may attach written materials or other information that you think is relevant to your complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attachments: Yes \_\_\_\_\_ No \_\_\_\_\_

- I. Submit form and any additional information to:

Township of Union Senior Center

C/O: Phyllis Monguso

968 Bonnel Court

Union, NJ 07083