

TOWNSHIP OF UNION
IN THE COUNTY OF UNION
DEPARTMENT OF ADMINISTRATION
DIVISION OF SENIOR CITIZENS ACTIVITIES
652 Rahway Ave.,
UNION, NEW JERSEY 07083
TEL NO. (908) 851-5290
FAX NO. (908) 851-5292

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: _____

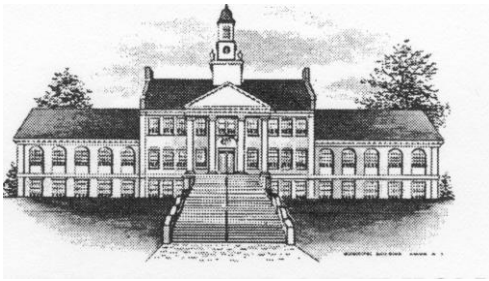
City/State/Zip: _____

Telephone Number Home): _____

Telephone Number (cell): _____

Email Address: _____

Relationship to the person for whom you are complaining: _____



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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: _____

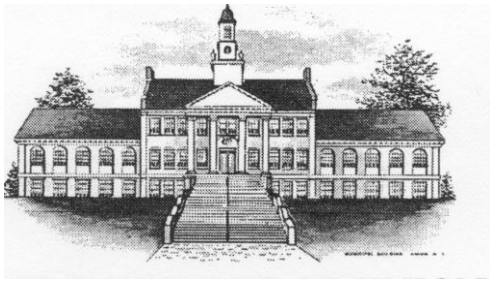
E. On What date(s) did the alleged discrimination take place?

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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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: _____

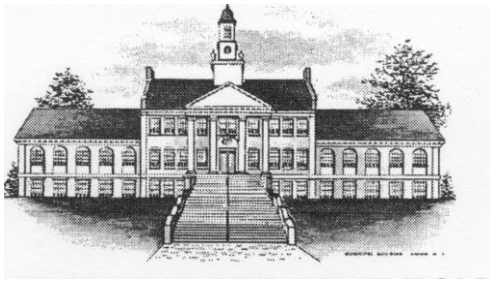
Address: _____

City/State/ Zip Code: _____

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 _____



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I. Submit form and any additional information to:

Township of Union Senior Center
C/O: Phyllis Monguso
652 Rahway Ave.,
Union, NJ 07083