

Ronald G. Rios
County Commissioner Director

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County Commissioner Deputy
Director

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Charles Kenny
Leslie Koppel
Charles E. Tomaro
Chanelle Scott McCullum
Commissioners



Charles Kenny
Chairperson,
Transportation

John A. Pulomena
County Administrator

Khalid Anjum
Department Head

Stanley Subjinski
Director

DEPARTMENT OF TRANSPORTATION

Office of MCAT

Title VI Complaint Form

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

A. Complainant's information:

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____ Telephone Number (Work): _____
Email Address: _____

Accessible Format Requirements? (Select One or More)

Large Print___ TDD___ Audio Tape___ Other_____

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

Name: _____
Address: _____
City/State/Zip Code: _____
Telephone Number (Home): _____ Telephone Number (Work): _____
Email Address: _____
Relationship to the person for whom you are complaining: _____

Please explain why you have filed for a third party:

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

Yes___ No___



C. Which legally protected characteristic is the reason you believe the discrimination took place?

D. On what date(s) did the alleged discrimination take place?

Date: _____ Date: _____ Date: _____ Date: _____

E. Please describe the alleged discrimination. 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 known) as well as names and contact information of any witnesses. If additional space is needed, add a sheet of paper.

F. 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: _____

Telephone Number (Home): _____ Telephone Number (Work): _____

Email Address: _____

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

Signature _____ Date _____

Attachments: Yes No

H. Submit form and any additional information to:

Middlesex County Area Transit
97 Apple Orchard Lane
North Brunswick, NJ 08902

