

**Title VI Complaint Procedure**

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by Manchester Township Senior Outreach (hereinafter referred to as “the Director”) may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form. Complaint forms are located in the waiting room in the Manchester Township Outreach Office, web page: manchestertwp.com and all vehicles operated by Manchester Township Senior Outreach. Manchester Township Senior Outreach investigates complaints received no more than 180 days after the alleged incident. The Authority will process complaints that are complete.

Once the complaint is received, the Director will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Director has 10 days to investigate the complaint. If more information is needed to resolve the case, the Director may contact the complainant. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 7 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 10 days after the date of the letter or the LOF to do so.

<b>Name:</b>			
<b>Address:</b>		<b>Email address:</b>	
<b>Telephone (Home):</b>			<b>Telephone (Work):</b>
Accessible Format Requirements?	Large Print		Audio Tape
	TDD	Other	
<b>Section II:</b>			
Are you filing this complaint on your own behalf?			Yes*      No
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of 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
<b>Section III:</b>			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin			
Date of Alleged Discrimination (Month, Day, Year): _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. 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 more space is needed, please use the back of this form.			
_____			
_____			
<b>Section IV</b>			
Have you previously filed a Title VI complaint with this agency?			Yes      No
<b>Section V</b>			
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, check all that apply:			
<input type="checkbox"/> Federal Agency:			
<input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency			
<input type="checkbox"/> State Court <input type="checkbox"/> Local Agency			
Please provide information about a contact person at the agency/court where the complaint was filed.			
<b>Name:</b>		<b>Title:</b>	
<b>Agency:</b>			
<b>Address:</b>		<b>Telephone:</b>	
<b>Section VI</b>			
<b>Name of agency complaint is against:</b>		<b>Contact Person:</b>	
<b>Title:</b>		<b>Telephone:</b>	

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

Signature and date required below

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

Please submit this form in person at the address below, or mail this form to:

Director  
Manchester Township Senior Services  
1 Colonial Drive  
Manchester, NJ 08759