

# GDC TITLE VI/NONDISCRIMINATION COMPLAINT FORM

## Section I

Name:

Address:

Telephone (Home):

Telephone (Work):

Telephone (Cell):

Electronic Mail Address:

Accessible Format Requirements? Large Print Audio Tape TDD Other

## Section II

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

## Section III

I believe the discrimination I experienced was based on (check all that apply): ☐ Race ☐ Color ☐ Religion ☐ Sex, ☐ Sexual Orientation ☐ Disability, ☐ Age, or ☐ National Origin

Date(s) of Alleged Discrimination (Month, Day, Year), including earliest such date(s) and the most recent date(s): \_\_\_\_\_. 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. Please indicate whether the alleged discrimination relates to employment-related issues or not. If more space is needed, please use the back of this form.

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## Section IV

Have you (or the person allegedly discriminated against) previously filed a Title VI complaint with this agency? Yes No

## Section V

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: ☐ Federal Court ☐ State Agency ☐ State Court ☐ Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: Title: Agency: Address: Telephone:

### **Section VI**

If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name/Firm:

Address:

Telephone Number:

Electronic Mail Address:

### **Section VII**

Title VI and other applicable laws prohibit intimidating or retaliating against anyone because they have taken action or participated in an action to secure the rights afforded by such laws, including but not limited to the filing of a complaint pursuant to such laws. If you believe you have been retaliated against (separate from the discrimination alleged in Section III, please explain the circumstances below:

### **Section VIII**

Please list below any persons (witnesses, fellow employees, supervisors or others), if known, whom we may contact for additional information to support or clarify your complaint:

Name	Address	Telephone No.	Email
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### **Section IX:**

What remedy are you seeking for the alleged discrimination?

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: Gateway Development Commission, contact Tracey Mitchell

By Telephone:

Manhattan: 1 800-239-9497

New Jersey: 1 800 444-1050

By Email:

ManhattanConstruction@gatewayprogram.org

njconstruction@gatewayprogram.org

Individuals may also file a complaint directly with:

U.S. Department of Transportation

Federal Transit Administration

Office of Civil Rights Complaint Team

East Building, 5th Floor—TCR

1200 New Jersey Ave. SE

Washington, DC 20590