

Chairman NEIL GRANT

Commissioners
THOMAS ANGELIDIS
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MARC D. MACRI
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P.O. BOX 1113 FORT LEE, N.J. 07024 PHONE: (201) 592-3500 X1518 • FAX: (201) 592-8635

Title VI Complaint Form

Title VI of the Civil Rights Act requires that "no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know

For complaints concerning the Section 5310 (Senior and Persons with Disabilities) Program or other grant programs funded by the Federal Transit Administration, complete and return this form to: Fort Lee Parking Authority, PO Box 1113, Fort Lee, NJ 07024

1.	Complainants' Name		
2.	Address		
3.	City, State and Zip Code		
	Telephone Number (home)(business)		
5.	. Person discriminated against (if someone other than the complainant)		
	Name		
	Address		
	City, State and Zip Code		

6. Which of the following best of place? Was it because of you	describes the reason you believe the clerk reason)	he discrimination took
a. Race/Color	c. Age	
b. National Origin	d. Disability	
	erimination take place and the locate was responsible. Please use the	back of this form if
·	*	
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8. Have you filed this complaint federal or state court?Ye	t with any other federal, state, or lesNo	ocal agency; or with any
If yes, check all that app	ly:	
Federal agency	Federal court	State agency
State court	Local agency	-
complaint was filed.	about a contact person at the agend	*
Address		•
City, State, and Zip Cod	le	
Telephone Number		
	ach any written materials or other	
Complaint's Signature	 Date	<u> </u>