

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Non- Discrimination Policy Title VI Notice

Title VI was enacted as part of the landmark Civil Rights Act of 1964. It prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. The Township of Brick is committed to ensuring that no person shall, on the grounds of race, color, national origin be excluded from participation in or denied the benefits of our services. Any person who believes that they have individually, or as a member of any specific class of persons, been subjected to discrimination on the basis of race, color or national origin, may file a complaint in writing to Township of Brick. To file a complaint or for more information on Township of Brick under Title VI, please call 732- 920-8686 or visit the website at <http://www.bricktownship.net/index.php/departments/senior-outreach-services/>

The senior transportation services provided by this agency are partly funded through Federal funds received through NJ TRANSIT and as an individual you also have the right to file your complaint under Title VI to the Federal Transit Administration, Office of Civil Rights, Attn: Title VI Program Coordinator, East Building, 5th Floor – TCR, U.S. Department of Transportation, Federal Transit Administration, Office of Civil Rights, 1200 New Jersey Avenue, SE, Washington, DC 20590. A complaint must be filed within 180 days of the alleged discrimination. If information is needed in another language, contact (732)920 -8686.

Si necesita información en otro idioma, llame al (732) 920 -8686.

If you wish to file a Title VI Non-Discrimination complaint, see page 2.

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Non- Discrimination Policy Complaint Form

Section 1: Complainant's Information

Name: _____

Address: _____

Telephone(Home) _____ Cell Phone _____

Email: _____

Accessible Format Requirements? (Please indicate if needed)

Large Print		Audio Tape	
TDD		Other	

Section 2: Person Discriminated against:

Are you filing this complaint on your own behalf? Yes _____ No _____ (If yes, go to Section 3)

If not, please provide the name, address, phone number 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 the behalf of a third party.

Yes _____ No _____

Section 3: I believe the discrimination was based on (check all that apply)

Race []

Color []

National Origin []

Date of Alleged Discrimination (Month, Day, Year): _____

Please give a detailed description of the alleged discrimination. Provide names and contact information (if known) of who discriminated against you as well as any witnesses. If more space is needed, please use the back of this form.

Section 4: Have you filed this complaint with any other Federal, State or Local agency or with any Federal or State court? List all that apply:

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Federal Agency [] State Agency [] Local Agency []

Federal Court [] State Court []

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

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Name of Agency complaint is against: _____

Contact person: _____

Title: _____

Telephone Number: _____

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

Signature: _____

Date: _____

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

Brick Township
373 Adamston Road
Brick, New Jersey 08723

Attn: Senior Bus Transportation