WARREN COUNTY DEPARTMENT OF HUMAN SERVICES

DIVISION OF ADMINISTRATION
1 SHOTWELL DRIVE, BELVIDERE, NEW JERSEY 07823

SHAWN J. BUSKIRK, DIRECTOR

LAURA RICHTER, ASSOCIATE DIRECTOR
TINA TICHENOR, SUFERVISOR OF ACCOUNTS
JANMARIE MCDYER, THANSPORTATION COGRERATOR
PAT TESTA, YOU'D SERVICES COGRERATOR
STEPHANIE NIENSTEDT, COUNTY ALLIANCE COGRERATOR



PHONE: (908) 475-6331 er (908) 475-6332

FAX: (908) 475-6206 EMAIL: <u>HumanServices@co.narren.ni.us</u>

Warren County Title VI Complaint Form

A. Complainant's information:	Date:
Name:	
Address:	
City/State/Zip Code:	
Telephone Number (Home):	
Telephone Number (Work):	
Email Address:	
Accessible Format Requirements	(Select One or More)
o Large Print	
o TDD	
o Audio Tape	*
o Other	
264	f someone other than complainant):
Name:	

Please confirm that v	ou have obtained the permission	of the aggrieved party if you are filing on
behalf of a third party		or the agginered party if you are ming on
o Yes	**	
o No		
0 140		
C. Which of the follo	wing best describes the reason yo	ou believe the discrimination took place?
Race	Color	National Origin
Other:		
D. On what date(s)	did the alleged discrimination take	place?
Date:		2 2
Date:		
Other:		
was responsible. De information of the pe	escribe all persons who were invol rson(s) who discriminated against	what happened and whom you believe wed. Include the name and contact t you (if known) as well as names and ce is needed, add a sheet of paper.
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Federal or State court? List all that apply.	
Federal Agency	
Federal Court	
State Agency	
State Court	
Local Agency	38
If you have checked above, please provide inform	nation about a contact person at the
agency/court where the complaint was filed.	8
Name:	
Title:	
Address	
City/State/Zip Code: Telephone Number (Home):	
Telephone Number (Home):	
relephone Number (vvork):	
Email Address:	
G. Please sign below. You may attach any writte relevant to your complaint.	
Signature	Date
Signature No	
H. Submit form and any additional information to	
JanMarie McDyer,	
Warren County Department of Human Services	
Division of Administration	
1 Shotwell Drive	
Belvidere, NJ 07823	

F. Have you filed this complaint with any other Federal, State, or local agency, or with any