

COUNTY OF MORRIS  
DEPARTMENT OF HUMAN SERVICES

P.O. Box 900  
Morristown, New Jersey 07963-0900



**Title VI Complaint Form**

Note: The following information is needed to assist in processing your complaint.

\* required information

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)

- Large Print
- TDD
- Audio Tape
- Other

B. Person discriminated against (if someone other than complainant):

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/State/Zip Code: \_\_\_\_\_

\*Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the person for whom you are complaining: \_\_\_\_\_

Please explain why you have filed for a third party: \_\_\_\_\_

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If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number (Home): \_\_\_\_\_  
Telephone Number (Work): \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_  
\*Attachments: Yes \_\_\_\_\_ No \_\_\_\_\_

H. Submit form and any additional information to:

County of Morris Personnel Office, PO Box 900, Morristown, NJ 07963-0900