



**New Jersey Department of Transportation  
Division of Civil Rights / Affirmative Action**

**TITLE VI NON-DISCRIMINATION COMPLAINT FORM**

It is the policy of the New Jersey Department of Transportation to abide by Title VI of the Civil Rights Act of 1964 and 23 U.S.C. Section 324, which provides in part that: *No person in the United States shall, on the grounds of race, color, sex, age, national origin, low income or disability, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination in any program or activity receiving Federal financial assistance.*

This form may be used to file a complaint with the New Jersey Department of Transportation (NJDOT) for alleged violations of Title VI of the Civil Rights Act of 1964. If you need assistance completing this form due to a physical impairment or other reasons, please contact us by phone at (609) 963-2047 or via FAX at (609) 530-4030.

Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within the 180 days period, you have 60 days after you became aware of the discrimination to file your complaint.

**Only the complainant or the complainant's designated representative should complete both pages (sides) of this form.**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Individual(s) discriminated against, if different from above (use additional page(s) if necessary):**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Please explain your relationship to the individual(s) indicated above:

**Name of Agency and Department or Program that discriminated:**

Agency and Department or Program name: \_\_\_\_\_

Name of Individual (if known): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Date alleged discrimination began: \_\_\_\_\_ Last or most recent date of discrimination: \_\_\_\_\_

**Basis of Discrimination:**

- Race       Religion       Color       Age       National Origin
- Disability       Sex       Income       Limited English Proficiency (LEP)

**How were you discriminated against? Please give specific information, including names.**

Were there any witnesses?       No       Yes

**If so, please provide their contact information:**

Witness #1      Witness #2

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_      City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_      Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature      Date

**NOTE: The laws enforced by this department prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form please contact:**

Title VI/ Nondiscrimination Coordinator  
New Jersey Department of Transportation  
1035 Parkway Avenue  
Trenton, NJ 08625  
Phone: 609-963-2047      FAX: 609-530-4030  
[TitleVI@dot.nj.gov](mailto:TitleVI@dot.nj.gov)

**NEW JERSEY DEPARTMENT OF TRANSPORTATION**

**DIVISION OF CIVIL RIGHT/AFFIRMATIVE ACTION**

**Title VI Complaint Process**

The New Jersey Department of Transportation (NJDOT) will investigate written complaints that have been filed by any person or class of persons who believe they have been subjected to discrimination or retaliation based on race, color, sex, age, national origin, low income or disability.

To file a complaint, an individual or his/her representative should:

1. Complete and sign both sides of the complaint form. Include the complainant's name, address and telephone number.
2. Initiate the filing no more than 180 days after the date of the alleged act of discrimination; the date when the individual(s) became aware of the alleged discrimination; or where there has been a continuing course of conduct, the date that the conduct was discontinued or the latest instance of the conduct.

These procedures do not preclude any agency from attempting to resolve issues and complaints that are non-written, e.g., sexual harassment. Complaints must detail the facts and circumstances of the alleged discrimination.

NJDOT will use procedures approved by the Federal Highway Authority (FHWA) to investigate complaints filed directly with the Department against contractors and sub-recipients. This is in accordance with [23 CFR 200.9\(b\) \(3\)](#). Complaints filed directly with NJDOT against the Department must be forwarded to FHWA for investigation.

The Director of the Division of Civil Rights and Affirmative Action (DCR/AA) will acknowledge in writing the receipt of every complaint filed with the Department within ten business days of receiving it. If additional information is required, the Director will extend the response time by ten business days. If the complaint is rejected, the Director will inform the complainant of the appropriate appeal authority and set up a timeline for an appeal.

With the complainant's consent, and in the best interests of all parties involved in the complaint, attempts may be made to resolve the matter informally. However, if the complainant is dissatisfied with NJDOT's decision, he or she may bring the matter to the attention of the FHWA, US Department of Transportation (USDOT) and the US Department of Justice (USDOJ).

If the complaint has merit, the Title VI Nondiscrimination Coordinator will supervise a thorough investigation and submit a written Report of Findings to the Department's Director of DCR/AA for a final determination.

Within 60 days of the receipt of the complaint, NJDOT will notify the complainant of the Department's findings, the proposed disposition of the matter, the avenues available for appeal and the timeline to appeal if there is dissatisfaction with the Department's decision. The proposed remedy will include the actions necessary to correct and prevent future occurrences.

NJDOT will issue letters of findings for all investigations processed or develop informal settlements for all complaints processed. In accordance with regulations at 23 CFR 200, NJDOT will forward a copy of the complaint and a copy of the State's report of the investigation to the FHWA Division Office within 60 days of the date the complaint was received. The FHWA may grant an extension of an additional 60 days for justifiable reasons. NJDOT has the responsibility to periodically inform the FHWA Division Office of the status of all complaints.

**Title VI Complaint Consent/Release**

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Please read the information below, check the appropriate box, and sign this form.**

I have read the Notice of Investigatory Uses of Personal Information by the New Jersey Department of Transportation (NJDOT). As a complainant, I understand that in the course of an investigation it may become necessary for NJDOT to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of NJDOT to honor requests under the Freedom of Information Act. I understand that it may be necessary for NJDOT to disclose information, including personal identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by federal regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by Federal Highway Administration (FHWA).

**Consent/Release**

CONSENT – I have read and understand the above information and authorize NJDOT to reveal my identity to persons at the organization or institution under investigation. I authorized NJDOT to receive material and information about me pertinent to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

CONSENT DENIED – I have read and understand the above information and do not want NJDOT to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand that this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this application to:**

Title VI/ Nondiscrimination Coordinator  
New Jersey Department of Transportation  
1035 Parkway Avenue  
Trenton, NJ 08625

Phone: 609-963-2047 FAX: 609-530-4030

[TitleVI@dot.nj.gov](mailto:TitleVI@dot.nj.gov)