

Title VI Discrimination Complaint Form



The Delaware River Port Authority (DRPA) and the Port Authority Transit Corporation (PATCO) are committed to ensuring that no person is excluded from participation in, denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, national origin, sex, age, disability, low-income or Limited English Proficiency as protected by Title VI of the Civil Rights Act of 1964 ("Title VI") and related laws and authorities.

If you feel you have been discriminated against, please complete, sign and date this Complaint form and the Consent/Release and return both via one of the email or mail addresses noted below.

Office of the General Counsel
 Delaware River Port Authority
 One Port Center
 2 Riverside Drive
 Camden, NJ 08101
 (856) 968-2407
rjsantarelli@drpa.org

Chief Administrative Officer
 Delaware River Port Authority
 One Port Center
 2 Riverside Drive
 Camden, NJ 08101
 (856) 968-2270
tpbrown@drpa.org

Complaints must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.

1.) Complainant's Name:	
Street Address:	
City, State, Zip Code:	
Telephone No. (Home):	
Telephone No. (Work):	
E-mail address:	
Accessible Format Requirements (if any)	Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other <input type="checkbox"/>

2.) Are you filing this on your own behalf? (If yes go to question 3.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please provide the name of the person for who you are filing the complaint:	
Relationship:	
Street Address:	
City, State, Zip Code:	
Phone Number:	
E-mail address:	
Did you obtain permission of the aggrieved party to submit this complaint, if you are filing on their behalf?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3.) Indicate the basis of the discrimination.	Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Low-Income <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/>
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4.) Who do you believe discriminated against you (First & Last Name)?	
Date of alleged discrimination:	
Location of where the alleged discrimination took place:	

5.) Describe the alleged discrimination. Explain what happened and how other persons or groups were treated differently by the person(s)/ agency who discriminated against you. Use additional sheets if necessary.	
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6.) Please provide the name and contact information of any individuals who witnessed the act of discrimination:	
Witness #1	
Name:	
Street Address:	
City, State, Zip Code:	
Phone Number (Home):	
Phone Number (Cell):	
Witness #2	
Name:	
Street Address:	
City, State, Zip Code:	
Phone Number (Home):	
Phone Number (Cell):	

7.) Have you filed this complaint with another federal, state, or local agency or with a federal or state court?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when and to who did you file the complaint to:	

8.) How would you like to see this complaint resolved?	
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You may attach any written materials or other information that you think may be relevant to your complaint.

I certify that to the best of my knowledge, the information I have provided is accurate and the events and circumstances are as I have described them.

COMPLAINANT'S SIGNATURE

DATE

COMPLAINANT CONSENT/RELEASE FORM
(Title VI Complaint)

Please read the information below, check the appropriate box, and sign this form and return it as instructed.

As a complainant, I understand that if the Delaware River Port Authority's (DRPA) or the Port Authority Transit Corporation's (PATC) Title VI Program Coordinator investigates my complaint it may become necessary to reveal my identity to persons at the DRPA/PATCO and other persons involved in my complaint and/or the investigation. I am also aware of DRPA/PATCO's obligations to honor requests under the agency's Right to Know/Open Records Policy (which can be found at the DRPA's website, www.drpa.org.) I understand that it may be necessary for DRPA/PATCO to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that, as a complainant, federal law and regulations protect me from intimidation or retaliation for having taken action or participated in action to secure rights that I have under nondiscrimination laws and regulations.

CONSENT/RELEASE:

- CONSENT** – I have read and understand the above information and authorize DRPA/PATCO through its Title VI Coordinator to reveal my identity to persons at the organization(s) or institution(s) under investigation. I hereby authorize the DRPA/PATCO and its Title VI Coordinator to receive material and information about me pertinent to the investigation of my complaint. I understand that the material and information may be used for 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 DRPA/PATCO through its Title VI Coordinator to reveal my identity to persons at 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.

COMPLAINANT'S SIGNATURE

DATE