

TITLE VI - COMPLAINT PROCEDURE

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the city of Atlantic City (hereinafter referred to as “the City”) may file a Title VI complaint by completing and submitting the City’s Title VI Complaint Form. The City investigates complaints received no more than 180 days after the alleged incident. The City will process complaints that are complete.

Once the complaint is received, the City will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The City has sixty (60) business days to investigate the complaint. If more information is needed to resolve the case, the City may contact the complainant. The complainant has fifteen (15) business days, from the date of the letter to send requested information to the investigator assigned to the case. A case can be administratively closed also, if the complainant no longer wishes to pursue their case. The complainant should notify the City in writing if they no longer wish to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant; a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations, and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has seven (7) calendar days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administrative, at
FTA Office of Civil Rights, 1200 New Jersey Avenue, SE, Washington, DC 20590.

TITLE VI - COMPLAINT FORM ATLANTIC CITY

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

A. Complainant's information:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

E-mail 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): _____

E-mail address: _____

Relationship to the person for whom you are complaining: _____

Please explain why you have filed for a third party: _____

F. Have you filed this complaint with any other Federal, State or Local agency, or with any other Federal or State Court? List all that apply:

Federal Agency: _____

Federal Court: _____

State Agency: _____

State Court: _____

Local Agency: _____

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): _____

E-mail 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:

Dale L. Finch, Acting Director
Department of Health & Human Services
1301 Bacharach Boulevard
City Hall – Suite 306
Atlantic City, NJ 08401

