South Jersey Transportation Authority
ATLANTIC CITY INTERNATIONAL AIRPORT

Title VI-ADA Complaint Form

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

Date: _____

A. Complainant's information:

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: _____

_____

_____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

- ❒ Yes
- ❒ No

C. Which of the following best describes the reason you believe the discrimination took place?

_____Race _____Color _____National Origin _____ Creed

_____ Age _____ Sex _____Disability

Other:
_____

_____

D. On what date(s) did the alleged discrimination take place?

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Other:
_____

_____

_____

E. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If additional space is needed, add a sheet of paper.
_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

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:

South Jersey Transportation Authority
Farley Service Plaza
ATTN: Title VI Coordinator
PO Box 351
Hammonton, NJ 08037