



## **NON-DISCRIMINATION POLICY**

The Town of Secaucus operates its programs and services without regard to race, color or national origin in accordance with Title VI of the Civil Rights Act of 1964, as amended. Any person who believes that they have been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint in writing to the Town of Secaucus. To file a complaint or for more information on the Town of Secaucus' obligations under Title VI, write to:

**Gary M. Jeffas, Esq.**  
**Town Administrator, Town of Secaucus**  
**1203 Paterson Plank Road**  
**Secaucus, New Jersey 07094**  
**[gjeffas@secaucus.net](mailto:gjeffas@secaucus.net)**

**A complaint must be filed within 180 days of the alleged discrimination.**  
If information is needed in another language, please contact (201) 330-2000.



## **TITLE VI COMPLAINT PROCEDURE**

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

Once the complaint is received, the Town will review it to determine if it has jurisdiction. The complainant will receive an acknowledgement letter informing whether the complaint will be investigated by the Town.

The Town has 45 days to investigate the complaint. If more information is needed to resolve the case, the Town may contact the complainant. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the Town can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, the investigator will issue one of two 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, they have 15 days after the date of the letter or the LOF to do so.



## **SECAUCUS TITLE VI COMPLAINT FORM**

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

### 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

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.

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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 letter F, 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:

Gary M. Jeffas, Esq.  
Town Administrator  
Town of Secaucus  
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