



# TITLE VI COMPLAINT FORM

<b>Section I:</b>		<u>PRINT CLEARLY</u> or <u>TYPE</u> - form must be signed! Attach additional sheets if necessary	
Complainant's Name:			
Address:			
Home Phone #:		Work Phone #:	
E-mail address:			
Accessible Format Requirements:	<input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other: _____		

<b>Section II:</b>			
Are you filing this complaint on your behalf?		<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If you answered "Yes" to this question, go to Section III</i>	
If not, please provide the name and relationship of the person for whom you are complaining:			
Name:		Relationship:	
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:			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Section III:</b>			
I believe the discrimination I experienced was based on (check all that apply):		<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	
Date of alleged discrimination (Month, Day, Year)			
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. 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 witnesses. If more space is needed, please use additional sheets.</p>			

<b>Section IV:</b>	
Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Section V:</b>	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check all that apply:	
Federal Agency:	State Agency:
Local Agency:	State Court:
Federal Court:	
Please provide information about a contact person at the agency/court where the complaint was filed:	
Name:	Title:
Agency:	Address:
Telephone:	Email:

<b>Section VI:</b>	
Name of agency complaint is against:	
Contact Person:	Title:
Telephone:	Email:
⤴ Signature ⤴	Date

*You may attach any written materials or other information that you think is relevant to your complaint.*

**Please submit this form in person at the address below, or mail this form to:**

- Town of Portland, Office of the First Selectwoman, 33 East Main Street (P.O. Box 71), Portland, CT 06480-0071; or
- Connecticut Department of Transportation, Office of Contract Compliance, Attn: Title VI Coordinator, 2800 Berlin Turnpike, Newington, CT 06111; or
- Federal Transit Administration, FTA Civil Rights Office, 1200 New Jersey Avenue SE, Washington, DC 20590