

TITLE VI COMPLAINT FORM

Section I:							
Name:							
Address:							
Telephone (Home):	Telephone	Telephone (Work):					
Electronic Mail Address:							
Accessible Format Requirements?	Large Print		Audio Tape				
	TDD		Other				
Section II:							
Are you filing this complaint on your own behalf?			Yes*	No			
*If you answered "yes" to this question, go to Section III.							
If not, please supply the name a 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			
Section III:							
I believe the discrimination I experienced was based on (check all that apply): [] Race []							
Color [] National Origin							
Date of Alleged Discrimination (Month, Day, Year):							
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 any witnesses. If	more space is needed, plea	ase use the back of this form.			
Section IV					
Have you previously filed a Title VI complaint with this agency?			Yes	No	
Section V					
Have you filed this o	complaint with any other Fe	ederal, State, or local agency,	or with any Federal	or State court?	
[] Yes	[] No				
If yes, check all that	apply:				
[] Federal Agency: _					
[] Federal Court		[] State Agen	[] State Agency		
[] State Court] State Court [] Local Agency				
Please provide infor	rmation about a contact pe	rson at the agency/court whe	re the complaint w	as filed.	
Name:					
Title:					
Agency:					
Address:					
Telephone:					
Section VI					
Name of agency cor	mplaint is against:				
Contact person:					
Title:					
Telephone number:					
You may attach any v	written materials or other in	nformation that you think is re	elevant to your com	plaint.	
Signature and date re	equired below				
	_				
Signature			Date		

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

- United Community & Family Services, Inc.; 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