

Town of Washington

2 Bryan Plaza

Washington Depot Ct, 06794

TITLE VI DISCRIMINATION COMPLAINT FORM

Complainants Name: _____

Street Address: _____

City, State, Zip _____

Telephone #: _____

Discrimination because of: Race____ Color ____ National Origin _____

Sex ____ Age____ Disability____ Creed ____ Other_____

Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you including their titles (If known).

Please provide the names, address, and telephone numbers of any witness.

Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other person were treated differently from you.

Signature _____ Date_____

You may use additional sheets of paper if necessary. Also, include any written materials pertaining to your complaint.

How can I file a discrimination complaint?

If you believe that a Conn DOT recipient has discriminated against you or others protected by Title VI, you may file a complaint.

Complaints should be directed to: Pam Collins - Washington Senior Center
860-868-0735

