TITLE VI DISCRIMINATION COMPLAINT FORM

Complainant's 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