
Title VI Complaint Form

Section I

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Section II

Are you filing this complaint on your own behalf?

Yes*

No

***If you answered "yes", please skip ahead to Section III**

If you answered "no", please provide the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party: _____

If you are filing on behalf of a third party, please confirm that you have obtained the permission of the aggrieved party:

Yes No

Section III

I believe the discrimination I experienced was based on:
(please check all that apply)

Race Color National Origin

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

Please provide the names of any witnesses and contact information:

Please 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 persons were treated differently from you:

Section IV

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes*
No

***If you answered "yes", please check all that apply & the filing date**

Federal Agency: _____

State Agency: _____

Local Agency: _____

Federal Court: _____

State Court: _____

Please provide information for a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Section V

I have reviewed the above charge and that it is true to the best of my knowledge.

Signature : _____ Date: _____

Please print name: _____

Please use additional sheets of paper if necessary and include any written materials pertaining to your complaint.

Deliver, mail or e-mail this form to:

Mr. Matt Fulda, Executive Director
Connecticut Metropolitan Council of Governments
1000 Lafayette Boulevard, Suite 925
Bridgeport, Connecticut 06604
E-mail: mfulda@ctmetro.org

MetroCOG will provide this form to:

Title VI Coordinator,
Connecticut Department of Transportation
2800 Berlin Turnpike
Newington, CT 06131-7546

Language assistance may be requested by contacting the Connecticut Metropolitan Council of Governments at (203) 366-5405. Language assistance is provided at no cost to the public.