

Title VI Complaint Form  
Town of South Windsor Senior Transportation

Complainant(s) Name: \_\_\_\_\_

Complainant(s) Address: \_\_\_\_\_

Complainant(s) Phone Number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Complainant's Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Please explain your relationship to the Complainant(s): \_\_\_\_\_

Agency or program whom you allege discriminated against you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Names of the individual(s) whom you allege discriminated against you (if known): \_\_\_\_\_

Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the district in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

_____ Race	_____ Color	_____ National Origin
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_____	_____	_____
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_____	_____	_____
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on what date(s) did the alleged discrimination take place? \_\_\_\_\_

Please explain as clearly as possible what happened, why you believe it happened, and how much you were discriminated against. Please indicate who was involved. Include as much background information as possible about the alleged acts of discrimination. (Additional pages may ne be attache if needed

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Please sign and date this complaint form below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit form to: Andrea Cofrancesco, Director of Human Services, 150 Nevers Road, South Windsor, CT 0607  
Call Vanessa Perry, Director of Human Resources, for questions at 860-644-2511 ext. 280 or [vanessa.perry@](mailto:vanessa.perry@)