

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

_____ Sex

_____ Income Status

_____ Age

_____ Disability

_____ Retaliation

_____ Other

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 be attached if needed).

Please sign and date this complaint form below.

Signature

Date