

TITLE VI DISCRIMINATION COMPLAINT FORM

Please print out this form, fill it out and mail it to: Windham Region Transit District, or CTDOT, or the Federal Transit Administration.

Name:

Street Address: .

Apt.#: _____

City or Town/State/Zip Code: . _____

Phone:

Discrimination because of: __Race __Color __National Origin __Sex __Age
__Disability __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, addresses and telephone numbers of any witnesses.

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.

Signature/Date _____

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

Contact: Ellen Grant, Administrator egrant@wrtd.org 860-456-2223 x106

Windham Region Transit District
28 South Frontage Rd
Mansfield Center CT 06250