



DISCRIMINATION COMPLAINT FORM

Please print out this form, fill it out and mail it to:

Windham Region Transit District

Attention: Corrie Washington
28 S Frontage Rd
Mansfield Center, CT 06250

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.

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

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 people 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: Corrie Washington, Executive Director/Title VI Coordinator
cwashington@wrtd.org
860-456-2223 x151

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

Connecticut Department of Transportation
Attention: Debra Goss, Title VI Coordinator
2800 Berlin Turnpike
Newington, CT 06111
Email: debra.gross@ct.gov

Federal Transit Administration
FTA Office of Civil Rights
1200 New Jersey Avenue, SE
Washington, DC 20590