TITLE VI & RELATED PROGRAMS
DISCRIMINATION COMPLAINT FORM

Complainant’s Name: _________________________________________________

Street Address: ______________________________________________________

City/State/Zip: ________________________________________________________

Phone: ___________________________ Email: ________________________________

Discrimination because of: ____Race / ____Color / ____National Origin
Additional Discrimination Criteria (FHWA Complaints ONLY): ____Sex / ____Age / ____Disability

Have you filed this complaint with any federal, State or local agency, or with any federal or State court?
Yes___ No____
If so, please list here: ____________________________________________________________

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.

Deliver or mail this form to: Finance Director, CRCOG, 241 Main Street, Hartford, CT 06106
Or email to: wbarnaby@crcog.org