



**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