Title VI Complaint Form Template

Easterseals Capital Region & Eastern Connecticut, Inc Title VI Complaint Form

Section I:								
Name:								
Address:								
Telephone (Home):			Telephone (Work):					
Email Address:								
Accessible Format	Large Print		Audio Tape					
Requirements?	TDD		Other:					
Section II:								
Are you filing this complaint on your own behalf?					Yes*	No		
* If you answered "yes" to this question, go to Section III								
If not, please provide	the name and relationshi	ip of the pers	on for					
whom you are comp								
	ou have filed for a third pa	artv:						
Trease explain truly y		,.						
Please confirm that v	ou have obtained permiss	sion of the ag	grieved nart	v if you are	Yes	No		
filing on behalf of a t	•	or the de	Serieved pare	, , oa a. c	1.03			
Section III:								
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apply):	nation i experiencea was	basea on (en	cek an that	nace	20101	Origin		
	mination (Month, day, ve	ar):				1		
Date of alleged discrimination (Month, day, year):								
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who								
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Telephone:	Email:
Section VI:	
Name of agency complaint is against:	
Contact Person:	
Title:	
Telephone Number and Email Address:	
Signature	Date

You may attach any written materials or other information that you think is relevant to your complaint.

Please submit this form in person at the address below, or mail this form to:

- Easterseals Capital Region & Eastern Connecticut, Inc. ATT: Title VI coordinator ,100
 Deerfield Rd, Windsor CT 06095 or
- Federal Transit Administration, FTA Civil Rights Office, 1200 New Jersey Avenue SE, Washington, DC 20590