



PRINTABLE TITLE VI DISCRIMINATION COMPLAINT FORM

Please print out this form, fill it out and mail it to: DATTCO, or ConnDOT, or the Federal Transit Administration (addresses provided at the end of this form).

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: _____