

East Lyme Senior Center

Title VI Discrimination Complaint Form



Section I

Name: _____
Street Address: _____
City/State/Zip: _____
Phone: Home: _____ Work: _____
Email Address: _____
Accessible format requirements: Large Print _____ Audio _____ TTD _____ 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 relationship of the person for whom you are complaining:

Please explain why you have filed for a third party: _____

Please confirm you have obtained permission of the aggrieved party if you are filing on behalf of a third party.

Yes _____ No _____

Section III

I believe the discrimination I experienced was based on (check on that apply):

Race _____ Color _____ National Origin _____

Date of alleged discrimination (month, date, 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 discriminated against you (if known) as well as names and contact information of witnesses. If more space is needed, please use additional sheets. _____

Section IV

Have you previously filed a Title VI complaint with this agency? Yes ___ No ___

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any

Federal or State court? Yes ___ No ___

If yes, check all that apply:

Federal Agency: _____ Federal Court: _____

State Agency: _____ State Court: _____

Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI

Name of agency complaint is against: _____

Contact person: _____ Title _____

Telephone number: _____

Email address: _____

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

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:

East Lyme Senior Center, 37 Society Road, Niantic, CT 06357

Or

Connecticut Department of Transportation, Office of Contract Compliance, Attn: Title VI Coordinator,
2800 Berlin Turnpike, Newington, CT 06111;

Or

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