

GREATER HARTFORD TRANSIT DISTRICT: TITLE VI COMPLAINT FORM

Section I

Name:

Address:

Telephone (home):

Telephone (work):

Email address:

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 you answered no, please supply the name and relationship of the person for whom you are complaining.

Please explain why you have filed for a third party:

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

YES*

NO

Section III

Name of Agency or program complaint is against:

Name of individual complaint is against (if known):

Title of individual complaint is against (if known):

Telephone number (if known):

Section IV

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

Race

Color

National Origin

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 of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed please use an additional page.

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Section V

Have you previously filed a Title VI complaint with the District?

YES

NO

Section VI

Have you filed this Title VI complaint with any other Federal, State, or local agency or with any Federal or State Court?

YES

NO

If yes, check all that apply and name the agency or court:

Federal Agency: _____

State Agency: _____

Local Agency: _____

Federal Court: _____

State Court: _____

Please provide information for a contact person at the agency/court where the complaint was filed:

Name:

Title:

Agency:

Address:

Phone:

Section VII

Signature and date required below.

Signature

Date

Please submit this form (either in person or via mail) to:

Greater Hartford Transit District, Title VI Coordinator

One Union Place

Hartford, CT 06103

Para obtener información en español, llame al 860-724-5340, extensión 5.

Aby uzyskać informacje w języku polskim, zadzwoń na numer 860-247-5329 x3011

Per informazioni in italiano, telefona al numero 860-247-5329 int. 3011.

Para informações em português, ligue para 860-247-5329, ramal 3011.

如需了解中文信息，请致电 860-247-5329 x3011

Pour obtenir des renseignements en français, composez le 860-247-5329, poste 3011

Для получения информации на русском языке, пожалуйста, звоните по номеру телефона 860-247-5329, доб. 3011

Để biết thêm thông tin bằng tiếng Việt, vui lòng gọi 860-247-5329 x3011

Za informacije na srpsko-hrvatskom, nazovite 860-247-5329 x3011

한국어로 기재된 정보를 원하신다면 860-247-5329 x3011로 전화주시기 바랍니다.

यदि जानकारी अन्य भाषा में चाहिये, 860-247-5329 x3011 संपर्क करें

في حالة الاحتياج للمعلومات بلغة أخرى، يرجى الاتصال على رقم 860-247-5329، داخلي 3011