

**Title VI Complaint Form  
Greater Hartford Transit District**

Complainant(s) Name: \_\_\_\_\_

Complainant(s) Address: \_\_\_\_\_

\_\_\_\_\_

Complainant(s) Phone Number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

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Complainant's Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Please explain your relationship to the Complainant(s): \_\_\_\_\_

\_\_\_\_\_

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Agency or program whom you allege discriminated against you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Names of the individual(s) whom you allege discriminated against you (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the District in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

\_\_\_\_\_ Race/Color                      \_\_\_\_\_ National Origin      \_\_\_\_\_ Sex

\_\_\_\_\_ Income Status                      \_\_\_\_\_ Age                      \_\_\_\_\_ Disability

\_\_\_\_\_ Retaliations                      \_\_\_\_\_ Other

on what date(s) did the alleged discrimination take place? \_\_\_\_\_

