

St. Vincent's Special Needs Services

TITLE VI DISCRIMINATION COMPLAINT FORM

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Discrimination because of:

Race/ Color/ National Origin/ Sex/ Age/ Disability/ Other

Are you filing this complaint on your own behalf? Yes No*

*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 you have obtained permission of the aggrieved party to file on their behalf:

Yes No

Please provide the date(s) and location of the alleged discrimination:

Please provide the name(s) of the individual(s) who allegedly discriminated against you including their contact information (if known).

Please provide the names, addresses and telephone numbers of any witnesses:

Briefly explain what happened, how you were discriminated against and who was involved. Please include how other persons were treated differently from you. Use extra sheets if needed:

Have you previously filed a Title VI complaint with this agency: ___Yes ___No

Have you filed this complaint with any of the following:

___Federal Agency/___Federal Court/___State Court/___State Agency/___Local Agency

Name of Agency or Court: _____

Contact Name and Title: _____

Address: _____

Phone: _____ Email: _____

Name of agency complaint is against:

Name of Agency: _____

Contact Name and Title: _____

Phone: _____ Email: _____

Signature:

Date:

Please include any written materials pertaining to your complaint.

It is your right to submit the form to any or all of the following:

Director of Adult Services
St. Vincent's Special Needs Svcs
975 Oronoque Lane
Stratford, CT 06614

CT Dept. of Transportation
2800 Berlin Turnpike
P. O. Box 317546
Newington, CT 06131

Federal Transportation Agency
Office of Civil Rights
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

St. Vincent's Special Needs Services will notify CTDOT of any Title VI complaints filed against the organization within 10 business days of receipt.