



HRA of New Britain, Inc.
TITLE VI COMPLAINT FORM

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		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 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:				
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/>				
Color <input type="checkbox"/> 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 and contact information 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 the back of this form. _____ _____				



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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: _____

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

Signature and date required below

Signature _____

Date _____

Please submit this form in person at the address below, or mail this form to:

- HRA of New Britain, Inc., 55 South Street, Bristol CT, 06010
Connecticut Department of Transportation, Attn: Debra Goss, Title VI Coordinator, 2800 Berlin Turnpike, Newington, CT 06111, debra.goss@ct.gov or
Federal Transit Administration, FTA Civil Rights Office, 1200 New Jersey Avenue SE, Washington, DC 20590