

**TOWN OF WEST HARTFORD
TITLE VI DISCRIMINATION COMPLAINT FORM**

Complainants Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

Discrimination because of: Race/ Color/ National Origin/ Sex/ Age/ Disability/ Creed/ Other

Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you including their titles (if known).

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

Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other persons were treated differently from you.

Signature: _____

Date: _____

*You may use additional sheets of paper if necessary.
Also, include any written materials pertaining to your complaint.*

How can I file a discrimination complaint?

If you believe that a USDOT recipient has discriminated against you or others protected by Title VI, you may file a complaint.

Complaints filed with The Town of West Hartford should be directed to:
Peter Privitera, Title VI Coordinator at 860-561-7461. Fax: 860-561-7507