## Norwalk Senior Center TITLE VI COMPLAINT FORM

| Section I:   |             |           |                   |    |  |  |
|--|-------------|-----------|-------------------|----|--|--|
| Name:  |             |           |                   |    |  |  |
| Address:   |             |           |                   |    |  |  |
| Telephone (Home):  |             | Telephone | 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 aggregarty 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): [ ] 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 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.   |                     |                 |  |
|--|-------------------------------------|---------------------|-----------------|--|
|  |                                     |                     |                 |  |
| Section IV                                   |                                     |                     |                 |  |
| Have you previously filed a Title VI complai | nt with this agency?                | Yes                 | No              |  |
|  |                                     |                     |                 |  |
| Section V                                    |                                     |                     |                 |  |
| Have you filed this complaint with any other | er 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 Agend                      | [ ] State Agency    |                 |  |
| [] State Court                               | [ ] Local Agency                    |                     |                 |  |
|  |                                     |                     |                 |  |
| Please provide information about a contact   | person at the agency/court whe      | re the complaint w  | as 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 oth  | er information that you think is re | elevant to your com | plaint.         |  |
| Signature and date required below            |                                     |                     |                 |  |
|  |                                     |                     |                 |  |
|  |                                     |                     |                 |  |
| Signature                                    |                                     | Date                |                 |  |

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

- Norwalk Senior Center, 11 Allen Road, Norwalk, CT 06851; or
- Connecticut Department of Transportation, Office of Contract Compliance, Attn: Title VI Coordinator, 2800
   Berlin Turnpike, Newington, CT 06111; or
- Federal Transit Administration, FTA Civil Rights Office, 1200 New Jersey Avenue SE, Washington, DC 20590