TOWN OF GLASTONBURY TITLE VI DISCRIMINATION COMPLAINT FORM

Please complete the information below. (You may use the back of this page and/or additional sheets of paper if necessary.) Please also include any written materials pertaining to your complaint.

Complainants Name:	
Street Address:	
City/State/Zip:	
Phone Number:	
Discrimination because of: Race Color National Origin Sex Age Disability Creed (FAA only)] Other
Please provide the date(s) and location of the alleged discrimination and the name(s) of the individual(s) who all discriminated against you, including their titles (if known).	
Please provide the names, addresses, and telephone numbers of any witnesses.	
As briefly and as clearly as possible, explain what happened, how you feel that you were discriminated against, a was involved. Please include how other persons were treated differently from you.	nd who
Signature: Date:	

Completed forms should be sent to Ronda Guberman, Title VI Coordinator, at 300 Welles Street, Glastonbury, CT 06033. (Federal Transit Administration (FTA) Title VI complaints may be filed directly to the Office of Civil Rights in Washington D.C.)