

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 allegedly 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, and who was involved. Please include how other persons were treated differently from you.

Signature: _____

Date: _____