

Town of Glastonbury: Division of Contract Compliance

TITLE VI COMPLAINT REPORTING FORM

Reviewer: _____

Date: _____

Complainant Information:

Name			
Street Address			
City/State/Zip			
Home Phone			
Work Phone			
Race		Sex:	

Discrimination because of:

Race Color National Origin Sex Age Disability Creed (FAA only) Other

Signature of Complainant: _____

Date: _____

Signature of Reviewer: _____

Date: _____

Complaint Details:

List of Persons to be Interviewed:
