## Town of Glastonbury: Division of Contract Compliance

## TITLE VI COMPLAINT REPORTING FORM

Reviewer:		Date:	
Complainant Infor	mation:		
Name			
Street Address			
City/State/Zip			
Home Phone			
Work Phone			
Race		Sex:	
Signature of Compla Signature of Reviewe	National Origin		Date:
Complaint Details			
List of Persons to	be Interviewed:		

Findings:	
Actions/Recommendations:	
	<del></del>

Is the complaint against Recipient:yesno
Date Complaint Completed:
Date Town of Glastonbury Notified of Complaint:
If the complaint has referred to another agency, please provide the name and address of the agency.