

CITY OF NEW BRITAIN: TITLE VI COMPLAINT FORM

Section 1

Name:

Address:

Telephone (home):

Telephone (work):

Email address:

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 you answered no, 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 aggrieved party if you are filing on behalf of a third party. YES NO

Section III

Name of Agency or program complaint is against:

Name of individual complaint is against (if known):

Title of individual complaint is against (if known):

Telephone number (if known):

Section IV

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 of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is need please use an additional page.

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Section V

Have you previously filed a Title VI complaint with the City? () YES () NO

Section VI

Have you filed this Title VI complaint with any other Federal, State, or local agency or with any Federal or State Court? () YES () NO

If yes, check all that apply and name the agency or court:

- () Federal Agency: _____
- () State Agency: _____
- () Local Agency: _____
- () Federal Court: _____
- () State Court: _____

Please provide information for a contact person at the agency/court where the complaint was filed:

Name:

Title:

Agency:

Address:

Phone:

Section VII

Signature and date required below.

Signature

Date

Please submit this form (either in person or via mail) to:
City of New Britain, Title VI Coordinator
27 West Main Street
New Britain, CT 06051