



## City of Hartford

### TITLE VI DISCRIMINATION COMPLAINT FORM

**Complainant's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Were you discriminated against because of:** \_\_\_ Race/ \_\_\_ Color/ \_\_\_ National Origin/ \_\_\_ Other

**Date of the Incident:** \_\_\_\_\_

**Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you including their titles (if known).**

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**Please provide the names, addresses and telephone numbers of any witnesses.**

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**Explain as clearly as possible what happened and how you were discriminated against. If more space is needed, please attach any additional information and/or evidence.**

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Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?  Yes  No

If yes, check all that apply:

Federal Agency  Federal Court  State Agency  State Court  Local Agency

Please provide information about a contact person at the agency/court where the

complaint was filed. Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your complaint to: City of Hartford

Attention: Title VI Coordinator  
Procurement Services/Contract Compliance Unit  
550 Main Street  
Hartford, Connecticut 06103

*(If you wish to file your complaint directly with the federal transportation agency, please contact this office for information).*