Title VI Complaint Form
Middletown Transit District

Complainant(s) Name: _________________________________________________________________
Complainant(s) Address: _____________________________________________________________
___________________________________________________________________________________
Complainant(s) Phone Number: Home: (_____)__________________  Work: (_____)______________
___________________________________________________________________________________
Complainant’s Representative’s Name: __________________________________________________
Address: ____________________________________________________________________________
___________________________________________________________________________________
Telephone Number Home: (_____)___________________  Work: (_____)____________________
___________________________________________________________________________________
Please explain your relationship to the Complainant(s): _______________________________________
___________________________________________________________________________________
Agency or program whom you allege discriminated against you:
Name: ______________________________________________________________________________
Address: ____________________________________________________________________________
Telephone Number: (_____) _______________________
Names of the individual(s) whom you allege discriminated against you (if known): ______________
___________________________________________________________________________________
___________________________________________________________________________________
Does your complaint concern discrimination in the delivery of services or in other discriminatory
actions of the District in its treatment of you or others? If so, please indicate below the base(s) on
which you believe these discriminatory actions were taken.
_____ Race   _____ Color  _____ National Origin

On what date(s) did the alleged discrimination take place? ________________________________
Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please indicate who was involved. Include as much background information as possible about the alleged acts of discrimination. (Additional pages may be attached if needed).

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Please sign and date this complaint form below.

___________________________ _________________________
(Signature) (Date)

Please mail the completed, signed Discrimination Complaint Form to:

Administrator
Middletown Transit District
340 Main Street
Middletown, CT 06457