

**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? _____

