

**Town of Manchester
Human Resources Department**

TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint.

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell)

Person discriminated against: _____

Address of person discriminated against: _____

City, State, Zip Code: _____

Please indicate why you believe the discrimination occurred:

- _____ race or color
- _____ national origin
- _____ income
- _____ other

What was the date of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw it: _____

Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:

Town of Manchester
Title VI Coordinator
Jan Devendorf, Human Resources Specialist
P.O. Box 191
41 Center Street
Manchester, CT 06045-0191

Your Signature

Print your name

Date

August, 2013