

WestCOG Title VI & Related Programs Discrimination Complaint Form

Submit this form to WestCOG within 180 days of the alleged occurrence or 180 days from when the alleged occurrence became known.

Complainants Name:

Street Address:

City/State/Zip:

Phone:

•Were you discriminated against because of:

Race

Color

National Origin

Age

Disability

Sex

•Date(s) of the Incident:

Please provide the location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you. Please provide the names, addresses and telephone numbers of any witnesses.

Explain as clearly as possible what happened and how you were discriminated against. If more space is needed, please use the back of the form.

•Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?

Yes

No

Note that complaints may also be filed with the CT DOT Office of Contract Compliance, Debra Goss, Title VI Coordinator, 2800 Berlin Turnpike, Newington, CT 06111. If yes as to additional filings, 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 and date below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature:

Date:

•Submit this complaint to: Nicole Sullivan, Title VI Coordinator, Western CT Council of Governments, 1 Riverside Road, Newtown, CT 06482, nsullivan@westcog.org, telephone/fax 475-323-2071.

