

Title VI & Related Programs Discrimination Complaint Form

Southeastern Connecticut Council of Governments

Southeastern Connecticut Council of Governments (SCCOG) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended.

Any person who believes he or she has been discriminated against on the basis of race, color, or nation origin by SCCOG may file a Title VI complaint by completing this complaint form. SCCOG investigates complaints received no more than 180 days after the alleged incident. For additional information about Title VI complaints, please read SCCOG's Title VI Complaint Procedure.

The following information is necessary to assist us in processing your complaint. Please submit this form in person at the address below, or mail this form to:

SCCOG Title VI Coordinator
5 Connecticut Avenue
Norwich, CT 06360

This form is available in other languages at <http://seccog.org/policies>. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (860) 889-2324.

Un individuo o grupo que crea que ha sido discriminado por raza, color o nacionalidad puede hacer una reclamación relacionada con el Título VI. Para solicitar el formulario en otro idioma, comuníquese con SCCOG al (860) 889-2324 o visite <http://seccog.org/policies>.

关于第六章的索赔可以由认为他们受到种族，肤色或国籍歧视的个人或团体提出。要以其他语言申请表格，请致电(860)889-2324联系SCCOG或访问<http://seccog.org/policies>。

Section I

Your Name:

Phone:

Street Address

Email:

City, State & Zip Code:

Accessible Format Requirements?

Large Print

Audio Tape

TDD

Other

Section II

Are you filing this complaint on your own behalf? Yes* No
* If Yes, go to Section III.

If No, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section III

I believe the discrimination I experienced was based on: (check all that apply):

RACE COLOR NATIONAL ORIGIN
For FHWA complaints only: SEX AGE

Date of Alleged Discrimination (Month, Day, Year):

Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. You may attach any written materials or other information that you think I relevant to your complaint.

Section IV

Have you filed this complaint with any other Federal, State, or local agency, or with and Federal or State court? Yes No

If yes, please provide contact information for a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency/Court:

Address:

Telephone Number:

Section V

Name of the agency complaint is against:

Contact Person:

Title:

Telephone Number:

Signature and date required below.

Signature

Date

To be completed by SCCOG:

Date Received:	_____
Received By:	_____