

Title VI and Sexual Harassment Complaint Form

Section I:

Complainant Name: _____

Address: _____

City, State, Zip: _____ Telephone Number: _____

Do you have any accessible Format Requirements? If yes, please indicate below.

☐ Large Print ☐ Audio Tape ☐ TDD ☐ Other _____

Section II:

Are you filing this complaint on your own behalf?

☐ Yes (proceed to section III) ☐ No (complete information below)

Please supply the name and relationship of the person for whom you are filing the complaint:

Please explain why you are filing for a third party:

Please confirm that you have obtained the permission of the aggrieved party. ☐ Yes ☐ No

Section III:

For Federal Transit Administration (FTA) Complaints – Discrimination based on:

☐ Race ☐ Color ☐ National Origin ☐ Sex ☐ Age

Did the alleged discrimination take place on one of the CTDOT vehicles? ☐ Yes ☐ No

If no, where did the alleged discrimination take place?

Is this a complaint of alleged sexual harassment? ☐ Yes ☐ No

Please provide the date(s) and location(s) of the alleged discrimination or harassment, and the name(s) of the individual(s) who allegedly discriminated against you including their titles (if known).

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Section IV:

Have you filed a complaint with any other Federal or State Court or Agency? ☐ Yes ☐ No

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

Name: _____ Title: _____

Agency/Court: _____

Address: _____

City, State, Zip: _____ Telephone Number: _____

Section V:

Complainant Signature

Date Filed

FOR HUMAN RESOURCES:

Please insert the dates and sign for the completion of the following actions.

Receipt of Complaint	_____	_____
Investigation Started	_____	_____
Investigation Ended	_____	_____
President/CEO Review/Approval	_____	_____
Written Response to Complainant	_____	_____