



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	_____	_____