## Town of New Milford, Commission on Aging TITLE VI COMPLAINT FORM

Section I:						
Name:						
Address:						
Telephone (Home):		Telephone	Telephone (Work):			
Electronic Mail Address:						
Accessible Format Requirements?	Large Print		Audio Tape			
	TDD		Other			
Section II:						
Are you filing this complaint on your own behalf?			Yes*	No		
*If you answered "yes" to this question, go to Section III.						
If not, please supply the name a you are complaining:						
Please explain why you have filed for a third party:						
Please confirm that you have obtained the permission of the aggr 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						
Date of Alleged Discrimination (Month, Day, Year):						
Explain as clearly as possible what happened and why you believe 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. If more space is needed, please use the back of this form.					
Section IV					
Have you previously filed a Title VI complaint with this	Yes	No			
Section V					
Have you filed this complaint with any other Federal,	State, or local agency,	or with any Federa	l or State court?		
[]Yes []No					
If yes, check all that apply:					
[] Federal Agency:					
[ ] Federal Court	[ ] State Agency				
[] State Court	Court [] Local Agency				
Please provide information about a contact person at	the agency/court whe	re the complaint w	as filed.		
Name:					
Title:					
Agency:					
Address:					
Telephone:					
Section VI					
Name of agency complaint is against:					
Contact person:					
Title:					
Telephone number:					
You may attach any written materials or other information that you think is relevant to your complaint.					

Signature and date required below

## Signature

Date

Please submit this form in person at the address below, or mail this form to:

- Town of New Milford, Commission on Aging, 40 Mai St. New Milford, CT 06776 ; or
- Connecticut Department of Transportation, Office of Contract Compliance, Attn: Title VI Coordinator, 2800 Berlin Turnpike, Newington, CT 06111; or
- Federal Transit Administration, FTA Civil Rights Office, 1200 New Jersey Avenue SE, Washington, DC 20590