



**GOSHEN/CORNWALL SENIOR BUS
TITLE VI DISCRIMINATION COMPLAINT FORM**

Complainants Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

Discrimination because of:

Race	Color	National Origin	Sex	Age Disability	Creed	Other
<input type="checkbox"/>						

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

Please provide the names, address, and telephone numbers of any witness.

Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other person were treated differently from you.

Signature _____ Date _____

You may use additional sheets of paper if necessary. Also, include any written materials pertaining to your complaint.

How can I file a discrimination complaint?

If you believe that a ConnDOT recipient has discriminated against you or others protected by Title VI, you may file a complaint. Complaints should be directed to: The First Selectman's office (860) 491-2308 ext. 221 Fax: (860) 491-6028