

**TOWN OF MANCHESTER: DIAL-A-RIDE PROGRAM  
Title VI & Related Programs Discrimination Complaint Form**

<b>Section I:</b>	
Name:	
Address:	
Phone: (Home):	Phone: (Other):
Email:	
Accessible format requirements? <input type="checkbox"/> Large print <input type="checkbox"/> Audio tape <input type="checkbox"/> TDD <input type="checkbox"/> Other	
If other, please specify:	
<b>Section II:</b>	
Are you filing this on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If you answered yes, please proceed to Section III	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No aggrieved party	
<b>Section III:</b>	
Discrimination based on: <input type="checkbox"/> Race, <input type="checkbox"/> Color, <input type="checkbox"/> National Origin, <input type="checkbox"/> Sex, <input type="checkbox"/> Age, <input type="checkbox"/> Disability	
Please provide the date(s) and location of the alleged discrimination, and the name(s) of the individual(s) who allegedly discriminated against you including their titles (if known).	
Please provide the names, addresses and telephone numbers of any witnesses.	
Explain as clearly as possible what happened, how you feel you were discriminated against and who was involved.	

Please include how other persons were treated differently from you.

**Section VI:**

Have you filed this complaint with any other Federal, State or local agency, or with any 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:

Agency /Court:

Address:

Phone:

**Section V**

Name of the agency complaint is against:

Contact person:

Phone: \_\_\_\_\_

You may use additional sheets of paper if necessary.

Please send your complaint in writing to:

- Town of Manchester Senior, Adult & Family Services, 479 Main Street, Manchester, CT 06040 ; o
- 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