



Town of Middlebury
Department of Social and Elderly Services
Shepardson Community Building
1172 Whittemore Road
Middlebury, CT 06762
Phone 203-577-4166
Fax 203-577-4173
E Mail jcappelletti@middlebury-ct.org

TITLE VI COMPLAINT FORM

SECTION I

Name:

Address:

Telephone Home:

I 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 and relationship of the person for whom you are complaining: _____

Please confirm that you have obtained the permission of the Aggrieved 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 the Agency? ☐ yes ☐ no

SECTION V

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

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency: _____

☐ Federal Court: _____ ☐ State Agency: _____

☐ State Court: _____ ☐ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

SECTION VI

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone: _____

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 to:

**Town of Middlebury
Office of Social Services
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