**Section I:**

Name: 

Address: 

Telephone (Home): 

Telephone (Work): 

Electronic Mail Address: 

Accessible Format Requirements?

<table>
<thead>
<tr>
<th></th>
<th>Large Print</th>
<th>Audio Tape</th>
<th>TDD</th>
<th>Other</th>
</tr>
</thead>
<tbody>
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</table>

**Section II:**

Are you filing this complaint on your own behalf?  

<table>
<thead>
<tr>
<th>Yes*</th>
<th>No</th>
</tr>
</thead>
</table>

*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 explain why you have filed for a third party: 

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

**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.
Section IV
Have you previously filed a Title VI complaint with this 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 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:

- City of Meriden 142 East main Street, Meriden CT 06450 ; 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