

**Lower CT River Valley Council of Governments
TITLE VI DISCRIMINATION COMPLAINT FORM**

Complainant's Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Discrimination because of: Race Color National Origin Sex Age
 Disability Other

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, addresses, and telephone numbers of any witnesses.

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 persons were treated differently from you.

Signature: _____ Date: _____

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

Deliver this form to: Title VI Coordinator, Lower CT River Valley Council of Governments, 145 Dennison Road, Essex CT 06426 or e-mail to RHaramut@rivercog.org