

Vista Life Innovations Title VI Complaint Form

Section I:

Name:

Address:

Telephone:

Email Address:

Accessible Format Requirements?

Large Print	Audio Tape	TDD	Other
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Section II:

Are you filing this complaint on your own behalf?	Yes*	No
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*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.	Yes	No	
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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 this agency?	Yes	No
Section V		
Have you filed a complaint with any other Federal, State or local agency or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
if yes check all that apply:		
		<input type="checkbox"/> Federal Agency
<input type="checkbox"/> Federal Court	<input type="checkbox"/> State Agency	
<input type="checkbox"/> State Court	<input type="checkbox"/> 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:	Vista Life Innovations	
Contact Person:	Donald Frink	
Title:	Vice President of Finance & Administration	
Telephone number:	860-399-8080	

You may attach any written materials or other information that you think is relevant to your complaint

Signature and date required below

Signature	Date
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Please submit this form in person at the address below, or mail this form to:
Vista Life Innovations, 107 Bradley Rd, Madison, CT 06441; 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