

**APPENDIX A**

<b>CITY OF NEW BRITAIN: TITLE VI COMPLAINT FORM</b>	
<b>Section I</b>	
Name:	
Address:	
Telephone (home):	Telephone (work):
Email address:	
<b>Section II</b>	
Are you filing this complaint on your own behalf? <input type="checkbox"/> YES* <input type="checkbox"/> NO	
*If you answered "yes" to this question, go to Section III.	
If you answered no, 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. <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Section III</b>	
Name of Agency or program complaint is against:	
Name of individual complaint is against (if known):	
Title of individual complaint is against (if known):	
Telephone number (if known):	
<b>Section IV</b>	
I believe the discrimination I experienced was based on (check all that apply):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Gender <input type="checkbox"/> 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 of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is need please use an additional page.	

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**Section V**

Have you previously filed a Title VI complaint with the District?     YES     NO

**Section VI**

Have you filed this Title VI complaint with any other Federal, State, or local agency or with any Federal or State Court?     YES     NO

If yes, check all that apply and name the agency or court:

- Federal Agency: \_\_\_\_\_
- State Agency: \_\_\_\_\_
- Local Agency: \_\_\_\_\_
- Federal Court: \_\_\_\_\_
- State Court: \_\_\_\_\_

Please provide information for a contact person at the agency/court where the complaint was filed:

Name:

Title:

Agency:

Address:

Phone:

**Section VII**

Signature and date required below.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please submit this form (either in person or via mail) to:

Human Resources Department  
27 West Main Street, Room 409  
New Britain, CT 06051