



It is the policy of the Town of West Hartford to ensure that no person shall, be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination, in the receipt of its services, or under any Town of West Hartford program or activity, on the ground of race, color, religion, ethnicity, national origin, ancestry, sex, age, sexual orientation, genetic information, gender identity/expression marital status, citizenship, veteran status, disability, or any other protected status in accordance with all state and federal civil rights laws and regulations.

This form may be used by anyone who wishes to file a complaint with the Town of West Hartford for alleged violations of discrimination in services, activities and programs by the Town of West Hartford or federally funded by the Town of West Hartford. If you need assistance completing this form or if needed in a different language, please contact the Town's Equity Coordinator identified on the second page of this form.

CONTACT INFORMATION

Complainant's Name: _____

Mailing Address: _____

Phone Number _____ E-Mail: _____

Please List Preferred method of contact: _____

DETAILS OF INCIDENT

Please provide a full description of the circumstances that prompted your complaint, including, the date and location of the alleged incident, names and contact information of individuals involved, including any witnesses. You may use additional sheets of paper as is necessary. Attach any supporting documentation, as appropriate; including letters, e-mails, photographs, etc.
