

Town of Ellington  
TITLE VI COMPLAINT FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |  |                   |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|-------------------|----|
| <b>Section I:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |  |                   |    |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |                   |    |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |  |                   |    |
| Telephone (Home):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |  | Telephone (Work): |    |
| Electronic Mail Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |  |                   |    |
| Accessible Format Requirements?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Large Print |  | Audio Tape        |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TDD         |  | Other             |    |
| <b>Section II:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |  |                   |    |
| Are you filing this complaint on your own behalf?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |  | Yes*              | No |
| *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:<br><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |  |                   |    |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |  | Yes               | No |
| <b>Section III:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |  |                   |    |
| I believe the discrimination I experienced was based on (check all that apply):<br>[ ] Race                      [ ] Color                      [ ] National Origin<br>Date of Alleged Discrimination (Month, Day, Year): _____<br>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 |             |  |                   |    |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>Section IV</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| Have you previously filed a Title VI complaint with this agency?                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
| <b>Section V</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, check all that apply:<br><input type="checkbox"/> Federal Agency: _____<br><input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____<br><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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>Section VI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| 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:

- Town of Ellington, Human Resources Office, 55 Main Street, Ellington, CT 06029

For more information, visit the US Department of Justice Civil Rights Division website:

<https://www.justice.gov/crt/fcs/TitleVI>