

**Naugatuck Valley Council of Governments/Valley Transit District
Title VI Discrimination and Complaint Form**

Complainant's Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ E-Mail (if available): _____

Title VI Discrimination Complain because of: Race Color National Origin

(FHWA complaints only) Disability

Please provide the date(s) and location(s) 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 felt that you were discriminated against and who was involved. If applicable, please include how other persons were treated differently from you in the same circumstances.

Signature: _____ Date: _____

Deliver, mail or e-mail this form to:

Ms. Desira Blanchard, Civil Rights Officer
Naugatuck Valley Council of Governments
49 Leavenworth Street, 3rd Floor
Waterbury, Connecticut 06702

NVCOG will provide this form to:

Title VI Coordinator,
Connecticut Department of Transportation
2800 Berlin Turnpike
Newington, CT 06131-7546

You may use additional sheets of paper if necessary. Also, please include any written materials pertaining to your complaint. Please contact our office if you need printed materials in another language. Should you have any further questions or want to submit the Title VI Complaint Form you may contact the Civil Rights Officer at dblanchard@nvcogct.gov or by phone at 203-757-0535.