

CAPITAL DISTRICT TRANSPORTATION COMMITTEE TITLE VI COMPLAINT FORM				
Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
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.				
Please supply the name and relationship of the person for whom you are complaining:		Name: Your relationship:		
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the complainant if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> sex, <input type="checkbox"/> age <input type="checkbox"/> disability <input type="checkbox"/> economic status Date of Alleged Discrimination (Month, Day, Year): _____				
On a separate sheet, 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.				
May we release your identity and a copy of your complaint to the entity against whom you are complaining? Note: We may be unable to investigate your allegations without permission to release your identity and complaint.			Yes	No
Section IV:				
Have you previously filed a Title VI complaint with CDTC?			Yes	No
Section V:				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div>				
If yes, check all that apply: <div style="display: flex; justify-content: space-around; width: 100%;"> Federal Agency Federal Court State Agency State Court Local Agency </div>				
Please provide information about a contact person at the agency/court where the complaint was filed.				
Name:				
Title:				
Agency:				
Address:				
Telephone:				
Signature of Complainant:				