

Title VI Discrimination Complaint Form

Contact Information

Full Name: _____ Date: _____
First Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Incident Report

Do you believe you were discriminated against due to: RACE COLOR NATIONAL ORIGIN

Please provide the date(s) and location of the alleged discrimination. Include the name(s) of the individual(s) who allegedly discriminated against you. (Include their titles if known):

Briefly explain as clearly as possible what happened and how you feel that you were discriminated against. Please include how other persons were treated differently than you.

Please provide the names and contact information of any witnesses:

Signature

Signature: _____ Date: _____

Instructions

Submit completed form via email to info@norwalktransit.com. Or print and mail to: *Attn: Civils Rights Coordinator, Norwalk Transit District, 275 Wilson Ave, Norwalk, CT 06854-4615.*

