



TITLE VI DISCRIMINATION COMPLAINT FORM

Completed Forms must be submitted to the First Selectman's Office, 33 East Main Street, P.O. Box 71, Portland, CT 06480

PRINT CLEARLY or TYPE - form must be signed! **Attach additional sheets if necessary**

Complainant's Name: _____

Street Address: _____

City: _____ State / Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Electronic mail address: _____

Are you filing this complaint on your behalf? Yes No

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: Yes No

Accessible Form Requirements:

Large Print Audio Tape TDD Other: _____

DETAILED INFORMATION OF ALLEDGED DISCRIMINATION

Discrimination because of:

Age Color Creed Disability National Origin Race Sex

Other: _____

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

Date: _____ Location: _____

Name: _____ Title: _____

Date: _____ Location: _____

Name: _____ Title: _____

Date: _____ Location: _____

Name: _____ Title: _____

Please provide the names, addresses and telephone numbers of any witnesses:

Witness 1 - Name: _____ Phone #: _____

Address: _____ Phone #: _____

Witness 2 - Name: _____ Phone #: _____

Address: _____ Phone #: _____

Witness 3 - Name: _____ Phone #: _____

Address: _____ Phone #: _____

