

**CAPITOL REGION COUNCIL OF GOVERNMENTS  
TITLE VI DISCRIMINATION COMPLAINT FORM**

**Complainant's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Discrimination because of:** \_\_\_\_Race / \_\_\_\_Color / \_\_\_\_National Origin

**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).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against, and who was involved. Please include how other persons were treated differently from you.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:**

**Date:**

\_\_\_\_\_

*You may use additional sheets of paper if necessary. Also include any written materials pertaining to your complaint.*

\_\_\_\_\_

Deliver or mail this form to: Finance Director, CRCOG, 241 Main Street, Hartford, CT 06106  
Or email to: [wbarnaby@crcog.org](mailto:wbarnaby@crcog.org)