

# Title VI Complaint Form

## Southeastern Connecticut Council of Governments

Southeastern Connecticut Council of Governments (SCCOG) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (860) 889-2324. The completed form must be returned to SCCOG, Title VI Coordinator, 5 Connecticut Avenue, Norwich, CT 06360.

Your Name:	Phone:
Street Address	Email:
City, State & Zip Code:	
Person(s) Discriminated against (If someone other than complainant):	
Name(s):	
Street Address:	
City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination? (Check One)

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> RACE  | Date of Incident: |
| <input type="checkbox"/> COLOR   |                   |
| <input type="checkbox"/> NATIONAL ORIGIN (Limited English Proficiency) | Time of Incident: |

Please describe the alleged discrimination incident. Provide the names and titles of all SCCOG employees responsible. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.

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(Complete next page of form)

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Please describe the alleged discrimination incident (continued):

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Have you filed a complaint with any other federal, state or local agencies? (Check one)  
 YES  NO

If so, list agency / agencies and contact information below:

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State & Zip Code: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State & Zip Code: \_\_\_\_\_

I affirm that I have read the above charge and it is true to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Complainant

*To be completed by SCCOG*

Date Received:	_____
Received By:	_____