Section I:						
Name:						
Address:						
Telephone (Home):		Telephone	Telephone (Work):			
Electronic Mail Address:						
Accessible Format	Large Print		Audio Tape			
Requirements?	TDD		Other			
Section II:						
Are you filing this complaint on your own behalf?			Yes*	No		
*If you answered "yes" to this question, go to Section III.						
If not, please supply the name and relationship of the person for whom you are complaining:						
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		
Section III:						
I believe the discrimination I experienced was based on (check all that apply): [] Race []						
Color [] National Origin						
Date of Alleged Discrimination (Month, Day, Year):						
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. If more space is needed, please use the back of this form.					
Section IV					
Have you previously filed a Title VI complaint with this agency?	Yes	No			
Section V					
Have you filed this complaint with any other Federal, State, or local agence	, or with any Federa	I or State court?			
[]Yes []No					
If yes, check all that apply:					
[] Federal Agency:					
[] Federal Court [] State Age	[] State Agency				
[] State Court [] Local Age	[] Local Agency				
Please provide information about a contact person at the agency/court whether the agency/court w	nere the complaint w	vas filed.			
Name:					
Title:					
Agency:					
Address:					
Telephone:					
Section VI					
Name of agency complaint is against:					
Contact person:					
Title:					
Telephone number:					
You may attach any written materials or other information that you think is	relevant to your cor	nplaint.			

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

- Ivana Powers, Geer Dial-a-Ride 99 South Canaan Rd. North Canaan, CT 06018 ; or
- Connecticut Department of Transportation, Office of Contract Compliance, Attn: Title VI Coordinator, 2800 Berlin Turnpike, Newington, CT 06111; or
- Federal Transit Administration, FTA Civil Rights Office, 1200 New Jersey Avenue SE, Washington, DC 20590