

TITLE VI Complaint Form

Section I

Name: _____

Address: _____

Telephone (Cell/Home): _____ Telephone (Work): _____

Email: _____

Accessible Format Requirements? Large Print _____ Audio Tape _____ TDD _____

Other (Explain) _____

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 you answered "No," please provide the following information:*

Name of person for whom you are filing: _____ Relationship: _____

Please explain why you are filing this complaint for a third party: _____

If you are filing on behalf of someone else, have you have obtained that person's permission to file this complaint?

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: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. 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 you need more space, please attach a separate sheet of paper.

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 agency, or with any Federal or State court?
Yes* _____ No _____

**If you answered "Yes," check all that apply:*

Federal Agency _____ Federal Court _____ State Agency _____ State Court _____ Local Agency _____

Please provide information for the contact person at the agency/court where you filed the complaint.

Name: _____ Title: _____

Agency: _____ Agency Telephone: _____

Agency Address: _____

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 complaint.

Signature

Date

Please either submit this form in person to the address below, mail it, or send it via email:

Sue Hackney, Deputy Chief of Civil Rights
Vermont Agency of Transportation
One National Life Drive
Montpelier, VT 05633

Phone: 802.828.5858

Email: susan.hackney@vermont.gov