Valley Transit District/Naugatuck Valley Council of Governments Discrimination Complaint Form

Complainant’s Name: ________________________________

Street Address: ______________________________________

City/State/Zip: ________________________________________

Phone: ________________________________ Email (if Available) __________________________

Discrimination because of:  ____ Race  ____ Color  ____ National Origin  ____ Gender
  ____ Age  ____ Disability  ____ Other

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

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

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Explain as briefly and as clearly as possible; what happened, how you felt that you were discriminated against and who was involved. If applicable, please include how other persons were treated differently from you in the same circumstances.

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Signature: ________________________________ Date: __________________________

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