



**Title VI Complaint Form  
Greater Hartford Transit District**

Complainant(s) Name: \_\_\_\_\_

Complainant(s) Address: \_\_\_\_\_

\_\_\_\_\_

Complainant(s) Phone Number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

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Complainant's Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Please explain your relationship to the Complainant(s): \_\_\_\_\_

\_\_\_\_\_

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Agency or program who you allege discriminated against you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Names of the individual(s) whom you allege discriminated against you (if known): \_\_\_\_\_

\_\_\_\_\_

Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the District in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

\_\_\_\_\_ Race

\_\_\_\_\_ Color

\_\_\_\_\_ National Origin

On what date(s) did the alleged discrimination take place? \_\_\_\_\_

Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please indicate who was involved. Include as much background information as possible about the alleged acts of discrimination. (Additional pages may be attached if needed).

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Please sign and date this complaint form below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please mail the completed, signed Discrimination Complaint Form to:

Director of Paratransit Services  
Greater Hartford Transit District  
One Union Place, Hartford, CT 06103

This information is available in accessible format and in languages other than English upon request. If information is needed in another language, contact 860-247-5329 x3011

**French**

Si des renseignements sont nécessaires dans une autre langue, composez le 860-247-5329, poste 3011.

**Serbo Croatian**

Ako su vam potrebne informacije na drugom jeziku, nazovite 860-247-5329 x3011

**Portuguese**

Se precisar de informações em outro idioma, ligue para 860-247-5329, ramal 3011.

**Italian**

Se avete bisogno di informazioni in un'altra lingua, telefonate al numero 860-247-5329 int. 3011.

**Polish**

Jeżeli istnieje zapotrzebowanie na te informacje w innym języku, prosimy o kontakt na numer telefonu 860-247-5329 wewn. 3011.

**Russian**

Если Вам необходима информация на другом языке, пожалуйста, обращайтесь по номеру телефона 860-247-5329, доб. 3011.

**Spanish**

Si necesita información en otro idioma, llame al 860-247-5329, extensión 3011.

**Chinese**

如需其他语言的信息，请致电 860-247-5329 x3011

**Vietnamese**

Nếu cần thông tin bằng ngôn ngữ khác, hãy gọi 860-247-5329 x3011

**Korean**

다른 언어로 기재된 정보가 필요하신 경우, 860-247-5329 x3011로 연락해 주시기 바랍니다.

**Hindi**

यदि जानकारी अन्य भाषा में चाहिये, 860-247-5329 x3011 संपर्क करें

**Arabic**

في حالة الاحتياج للمعلومات بلغة أخرى، يرجى الاتصال على رقم 860-247-5329، داخلي 3011

**Gujarati**

વિનંતી કરવા પર આ માહિતી સુલભ સ્વરૂપમાં અને અંગ્રેજી સિવાયની અન્ય ભાષાઓમાં ઉપલબ્ધ છે.  
જો બીજી ભાષામાં માહિતી લેવાની જરૂર હોય, તો 860-247-5329 x3011 પર સંપર્ક કરો.