



Vincent Cervoni
Mayor

OFFICE OF THE MAYOR

TOWN OF WALLINGFORD
CONNECTICUT

45 South Main Street
Wallingford, CT 06492

TOWN OF WALLINGFORD TITLE VI COMPLAINT PROCESS & PROCEDURE

The Town of Wallingford does not discriminate in the provision of services, the administration of its programs, or contractual agreements. The Town of Wallingford seeks to fully carry out its responsibilities under the Title VI Regulations.

Any person who believes that he or she has been subjected to discrimination or retaliation based on their race, color or national origin may file a Title VI complaint. Complaints must be filed in writing and signed by the complainant or a representative and should include the complainants name, address, and telephone number or other means by which the complainant can be contacted. Include the name and address of the agency, firm or department you believe discriminated against you. Include as much background information as possible about the alleged acts. Complaints must be filed within 180 days of the date of the alleged discriminatory act. For further information or to file a complaint please submit your request or complaint to:

Town of Wallingford
Attention: Cori Hass, Title VI Coordinator
45 South Main Street
Wallingford, CT 06492
Tel: 203-294-2070

You may also request information on how to file a complaint directly to the appropriate state and/or federal transportation agency.

4/3/24

**Connecticut Department of Transportation
TITLE VI DISCRIMINATION COMPLAINT FORM**

Complainants Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

Discrimination because of: Race/ Color/ National Origin/ Sex/ Age/ Disability/ Creed/ Other

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

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

Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other persons were treated differently from you.

Signature: _____

Date: _____

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

How can I file a discrimination complaint?

If you believe that a USDOT recipient has discriminated against you or others protected by Title VI, you may file a complaint. Complaints filed with ConnDOT should be directed to: **Debra Goss, Title VI Coordinator at 860-594-2169 or Irma Reyes, Associate, Title VI Coordinator, at 860-594-2168. Fax: 860-594-3016.**

State of Connecticut Department of Transportation
Division of Contract Compliance

TITLE VI COMPLAINT REPORTING FORM

Reviewer: _____

Date: _____

Complainant Information

Name:	Race:	Sex:	
Street Address:	City:	State:	Zip:
Home Phone:	Work Phone:		

Complaint Details:

Discrimination based on:

Race _____ Color _____ National Origin _____ Sex _____ Age _____ Disability Other _____

Signature of Complainant: _____

Date: _____

Signature of Reviewer: _____

Date: _____