Title VI
ConnDOT Website Information
Connecticut Department of Transportation

TITLE VI POLICY STATEMENT

The Connecticut Department of Transportation (ConnDOT) is committed to ensuring that no person is excluded from participation, denied benefits, or otherwise subjected to discrimination under any program or activity, on the basis of race, color, national origin, sex, age, or disability.

ConnDOT as a recipient of federal financial assistance will ensure full compliance with Title VI of the Civil Rights Act of 1964, as amended, and related statutes and regulations in all ConnDOT programs and activities.

Any person who believes that he or she has been subjected to discrimination or retaliation based on their race, color, national origin, sex, age, or disability may file a Title VI complaint. Complaints may be filed directly to ConnDOT or to the Federal Funding agency. Complaints must be filed in writing and signed by the complainant or a representative and should include the complainant's name, address, and telephone number or other means by which the complainant can be contacted. Complaints must be filed within 180 days of the date of the alleged discriminatory act.

To request additional information on ConnDOT's non-discrimination obligations or to file a Title VI complaint, please submit your request or complaint in writing to:

Division of Contract Compliance, Manager
Connecticut Department of Transportation
2800 Berlin Turnpike
Newington, Connecticut 06111.

Complaint forms can be obtained online at the ConnDOT website www.ct.gov/dot

Federal Transit Administration (FTA) Title VI complaints may be filed directly to:
Title VI Program Coordinator
East Building, 5th Floor, TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Federal Highway Administration (FHWA) Title VI complaints may be filed directly to:
Ms. Brenda Armstead, Investigations & Adjudication Team Director
FHWA Office of Civil Rights
1200 New Jersey Avenue, SE, Suite E-81
Washington, DC 20590

Federal Aviation Administration (FAA) Title VI complaints may be filed directly to:
Mr. Ossie Jordan, Civil Rights Officer
New England Region Headquarters, ANE-9
18 New England Executive Park
Burlington, MA 02302
Connecticut Department of Transportation  
TITLE VI DISCRIMINATION COMPLAINT FORM

Complainants Name: ____________________________________________________________

Street Address: __________________________________________________________________

City/State/Zip: __________________________________________________________________

Phone: __________________________________________________________________________

Discrimination because of: __Race__/__Color__/__National Origin__/__Sex__/__Age__/__Disability__/__Creed(FAA only)/__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.