



# TOWN OF SUFFIELD

## Suffield Mini Bus

Town Hall • 83 Mountain Road • Suffield, Connecticut 06078

### TITLE VI POLICY STATEMENT

The Suffield Mini Bus in the Town of Suffield Ct. 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.

Suffield Mini Bus as a sub-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 Mini Bus 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 the Suffield Mini Bus, Conn Dot or to the Federal Funding agency. 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. Complaints must be filed within 180 days of the date of the alleged discriminatory act.

To request additional information on Suffield Mini Bus non-discrimination obligations or to file a Title VI complaint, please submit your request or complaint in writing to:

Town of Suffield  
Director of Mini Bus Services  
83 Mountain Road  
Suffield, Ct. 06078

Complaint forms may be obtained online at the Town of Suffield website [www.townofsuffield.com](http://www.townofsuffield.com).

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

Online at the Conn Dot website: [www.ct.gov/dot](http://www.ct.gov/dot)

# Town of Suffield Mini Bus

## 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).

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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 feel that you were discriminated against and who was involved. Please include how other persons were treated differently from you.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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