

TOWN OF GREENWICH TITLE VI COMPLAINT FORM

Complainant's Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

Discrimination because of: ___Race___ Color ___National Origin___ 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 or others having knowledge of the issue.

Explain 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 documentation pertaining to your complaint.

If you believe that the Town of Greenwich or its agents has discriminated against you or others protected by Title VI, you may file a complaint. Complaints filed with the Town of Greenwich can be emailed to dnelson@greenwichct.org or can be mailed to:

Demetria Nelson, LCSW, MA
Commissioner of Human Services
Town of Greenwich
101 Field Point Road
Greenwich, CT 06830