

YOUR RIGHTS UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

THE TOWN OF AVON PROHIBITS DISCRIMINATION IN ITS PROGRAMS AND ACTIVITIES

APPENDIX C

TITLE VI COMPLAINT PROCESS AND PROCEDURE

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Town of Avon, Connecticut (hereinafter referred to as "the Authority") may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.

The Authority's Coordinator investigates complaints received no more than 180 days from the alleged incident. The Coordinator will process complaints that are complete. Once the complaint is received, the Coordinator will review it to determine if the office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the office.

The Coordinator has ten (10) days to investigate the complaint. If more information is needed to resolve the case, the Coordinator may contact the complainant. The complainant has five (5) business days from the date of the letter to send requested information to the Coordinator. If the Coordinator is not contacted by the complainant, or does not receive the additional information within five (5) business days, the Authority's Coordinator can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

The Town of Avon will notify CTDOT of any Title VI complaints received, within ten (10) business days.

After the Coordinator reviews the complaint, he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has five (5) business days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

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Title VI Complaint Form

SECTION I:

Name: _____

Address:

City/State/Zip:

Phone (Home): _____ **Phone (Work):** _____

Accessible Format Requirements?

_____ **Large Print** _____ **TDD** _____ **Audio Tape** _____ **Other**

SECTION II:

Are you filing this complaint on your own behalf? _____ **Yes*** _____ **No**

***If you answered "yes" to this question, go to Section III.**

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. _____ **Yes** _____ **No**

SECTION III:

I believe the discrimination I experienced was based on (check all that apply):

 Race **Color** **National Origin**

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as name(s) and contact information of any witnesses. If more space is needed, please use the back of this form.

[illegible]

SECTION IV:

Have you previously filed a Title VI complaint with this agency? ____Yes ____No

If yes, check all that apply:

____Federal Agency ____Federal Court ____State Agency ____State Court ____Local Agency

Please provide information about a contact person at the agency / court where the complaint was filed:

SECTION V:

Name of agency complaint is against: _____

Contact

Person: _____ Title: _____

Telephone Number: _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature: _____ Date: _____

Submit your complaint to:

Town of Avon
Attention: Alan Rosenberg, Title VI, Coordinator
60 West Main Street
Avon, CT 06001

Connecticut Department of Transportation
Attention: Debra Goss, Title VI Coordinator
2800 Berlin Turnpike
Newington, CT 06111

(If you wish to file your complaint directly with the federal transportation agency, please contact Alan Rosenberg, at 860-409-4346, for information).