

City of Bridgeport
TITLE VI DISCRIMINATION COMPLAINT FORM

Complainant Name: _____

Street Address: _____

City, State, Zip: _____

Phone No.: _____

Complaint based on Discrimination because of: _____ Race _____ Color _____ National Origin

FHWA ONLY: _____ Sex _____ Age _____ Disability

Date of the alleged Discrimination (Month, Day, Year): _____

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

Please provide the name(s), address(es), and phone number(s) of any witness(es).

Explain, as briefly and as clearly as possible, what happened, why you believe you were discriminated against, and who was involved. Please included how other person 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 US DOT recipient has discriminated against you or others protected by Title VI, you may file a complaint. Complaints filed with the City of Bridgeport should be directed to: Title VI Coordinator at **203-576-8473** or mailed **Title VI Coordinator, 999 Broad Street, Bridgeport, Connecticut 06604.**