

## Horizons Programs Inc. Complaint Form

<b>Section 1</b>		
Name:		
Address:		
Telephone (Home):		Telephone (Work):
Electronic Mail Address:		
Accessible Format Requirements?	Large Print	Audio Tape
	TDD	Other :
<b>Section 2</b>		
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.		No
		Yes
<b>Section 3</b>		
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> 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 names and contact information of any witnesses. If more space is needed, please use the back of this form.		
_____		
_____		
<b>Section IV</b>		
Have you previously filed a Title VI complaint with this agency?		No
		Yes
<b>Section 4</b>		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No (see bottom of page for CT DOT and FTA contact info)		
If yes, check all that apply: <input type="checkbox"/> Federal Agency: <input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency <input type="checkbox"/> State Court <input type="checkbox"/> Local Agency		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
<b>Section 5</b>		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

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

**Signature and date required below**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Submit this form to:** Simon Wells, Horizons Programs Inc., PO Box 323, South Windham CT 06266. Email:swells@horizonsct.org  
**Complaints may also be filed with:** Connecticut Department of Transportation, Attention: Debra Goss, Title VI Coordinator, 2800 Berlin Turnpike, Newington, Connecticut 06111. Email: [Debra.goss@ct.gov](mailto:Debra.goss@ct.gov) and/or  
 Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Avenue, SE, Washington DC 20590