Appendix E

Southeast Area Transit District							
	Title	VI Com	plaint Fo	rm			
Section I:							
Name:							
Address:							
Telephone (Home):			Telephone (Work):				
Electronic Mail Add	lress:						
Accessible Format Requirements?	Large Print			Audio Tape			
	TDD			Other			
Section II:							
Are you filing this c	omplaint on your ov	vn behalf	?		Yes*	No	
* If you answered "	yes" to this questior	n, go to S	ection 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	a third pai	rty:				
	· · · · · · · · · · · · · · · · · · ·						
					Yes	No	
Please confirm that you have obtained the permission of aggrieved party if you are filing on behalf of a third party				he	103	140	
Section III:							
I believe the discrimination I experienced was based on (check all that apply): [] Race							

Appendix E

Section IV:		
Have you previously filed a Title VI complaint with SEAT?	Yes	No
Section V:		
Have you filed this complaint with any other Federal, State, or le Federal or State court?	ocal agency, or v	vith any
[] Yes [] No		
If yes, check all that apply:		
[] Federal Agency:		
[] Federal Court [] State Agen	су	
[] State Court [] Local Agen Please provide information about a contact person at the agend was filed.	-	e complaint
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI:		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		
You may attach any written materials or other information that y complaint.	ou think is relev	ant to your
Signature and date required below		
Signature Dat	e	
Please submit this form in person at the address below, or mail	this form to:	
Cherise Simpson, Title VI Coordinator		
21 Route 12		
Preston CT 06365		