

## Town of Wolcott Connecticut

# TITLE VI POLICY STATEMENT

The Town of Wolcott Connecticut is committed to ensuring that no person is excluded from participation, denied benefits, or otherwise subjected to discrimination under any program or activity, on the basis of race, color, national origin, sex, age or disability.

The Town of Wolcott Connecticut, as a sub-recipient of federal financial assistance, will ensure full compliance with Title VI of the Civil Rights Act of 1964, as amended and related statutes and regulations in all Town of Wolcott Connecticut programs and activities.

Any person who believes that he or she has been subjected to decimation or retaliation based on their race, color, national origin, sex, age, or disability may file a Title VI complaint. Complaints may be filed directly to the Town of Wolcott Connecticut or to Connecticut Department of Transportation. Complaints must be filed in writing and signed by the complainant or a representative and should include the complainants name, address and telephone number or other means by which the complainant can be contacted. Complaints must be filed within 180 days of the alleged discriminatory act.

To request additional information on the Town of Wolcott Connecticut non-discrimination obligations or to file a Title VI complaint, please submit your request or complaint in writing to:

Mayor, Town of Wolcott  
10 Kenea Ave.  
Wolcott, CT 06716

**OR**

Division of Title VI Compliance, Manager  
Connecticut Department of Transportation  
2800 Berlin Turnpike  
Newington, CT 06111

Compliant forms can be obtained by calling the Charles Rietdyke (Wolcott) Senior Center 203-879-8133 or at the Connecticut Department of Transportation's website: [www.ct.gov/dot](http://www.ct.gov/dot)

TOWN OF WOLCOTT CONNECTICUT  
**TITLE VI DISCRIMINATION COMPLAINT  
FORM**

Complainants Name:

---

Street Address:

---

---

City/State/Zip:

---

---

Phone: \_\_\_\_\_

Discrimination because of:

Race/  Color/  National

Origin/  Sex/  Age/  Disability/  Creed/  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.

---

---

---

---

---

---

---

---

Explain as briefly and as clearly as possible 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 written materials pertaining to your complaint.