

Title VI Complaint Form
Community Connections, Inc. (CCI)

CCI is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The completed form must be returned to:

Matt Payne
Adult Services Program Director
Title VI Coordinator
Community Connections, Inc.
281 Sawyer Drive, Suite 200
Durango, CO 81303

Your Name:

Phone:

Street Address: Alt Phone:

City, State, & Zip Code:

Person(s) discriminated against (if someone other than complainant):

Name(s):

Which of the following best describes the reason for the alleged discrimination? (Circle one or more)

Date of Incident:

- Race Color National Origin (Limited English Proficiency)

Please describe the alleged discriminatory incident. Provide the names and title of all VTA employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Have you filed a complaint with any other federal, state or local agencies?

(Circle one) Yes / No

If so, list agency / agencies and contact information below:

Phone: _____

Agency: _____

Contact Name: _____

Street Address, City, State & Zip Code: _____

Phone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainants Signature: _____

Date: _____

Print or Type Name of Complainant: _____