



*Changing lives, changing minds*

**HARC, INC.**

**TITLE VI AND SEXUAL HARASSMENT COMPLAINT FORM**

**Section I: Complainant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do you have any Accessible Format Requirements? If yes, please indicate below.

**Section II:**

Large Print    Audio Tape    TDD    Other: \_\_\_\_\_

Are you filing this complaint on your own behalf?

Yes (Proceed to Section III)    No (Complete information below)

Please supply the name and relationship of the person for whom you are filing the complaint:

\_\_\_\_\_

Please explain why you are filing for a third party:

\_\_\_\_\_

Please confirm that you have obtained permission of the aggrieved party.

Yes    No

**Section III: For Federal Transit Administration (FTA) Complaints**

Discrimination based on (check all that apply):

Race    Color    National Origin    Sex    Age

Did the alleged discrimination take place on one of the CTDOT vehicles?

Yes    No

If no, where did the alleged discrimination take place?

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Is this a complaint of alleged sexual harassment?

Yes    No

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

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**Please provide the names, addresses, and telephone numbers of any witnesses.**

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**Explain as clearly as possible what happened, how you feel you were discriminated against or sexually harassed, and who was involved. If applicable, please include how other people were treated differently from you. You may use additional sheets of paper if necessary. Please include any written materials or documentation.**

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**FOR HUMAN RESOURCES USE ONLY**

Date Filed: \_\_\_\_\_

Please insert the dates and sign for the completion of the following actions.

Receipt of Complaint \_\_\_\_\_

Investigation Started \_\_\_\_\_

Investigation Ended \_\_\_\_\_

President/CEO Review/Approval \_\_\_\_\_

Written Response to Complainant \_\_\_\_\_