

The Arc of Litchfield County, Inc. (LARC)

Title VI Discrimination Complaint Form

Complainants Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ E-Mail: _____

Discrimination due to: Race____; Color____; National Origin____; Religious Creed____;
Gender____; Sexual Orientation____; Age____; Ancestry____; Disability____; Other____

Please provide the date/s and location of the alleged discrimination, the name/s of the individual/s that allegedly discriminated against you including their titles (if known).

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

OVER

