## 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

Explain as briefly and clearly as possible what happened, how you feel you were discriminated against and who was involved. Please include how other people were treated differently from you.

SIGNATURE:

DATE:

Please use additional sheets of paper if needed.

Address: The Arc of Litchfield County, Inc. (LARC) 314 Main St. Torrington, CT 06790