

Town of Granby

TITLE VI DISCRIMINATION COMPLAINT FORM

Complainants Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Discrimination because of: Race Color National Origin Sex
 Age Disability Creed (FAA only) 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.