New Horizons, Inc. / Sunshine Wheels TITLE VI COMPLAINT FORM

Section I:									
Name:									
Address:									
Telephone (Home):		Telephone	Telephone (Work):						
Electronic Mail Address:									
Accessible Format Requirements?	Large Print		Audio Tape						
	TDD		Other						
Section II:									
Are you filing this complaint on your own behalf?			Yes*	No					
*If you answered "yes" to this question, go to Section III.									
If not, please supply the name and relationship of the person for whom you are complaining:									
Please explain why you have filed for a third party:									
Please confirm that you have obtained the permission of the aga party if you are filing on behalf of a third party.			Yes	No					
Section III:									
I believe the discrimination I experienced was based on (check all that apply): [] Race []									
Color [] National Origin									
Date of Alleged Discrimination (Month, Day, Year):									
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information									

of any witnesses. If n	nore space is needed, plea	se use the back of this form.			
Section IV			T		
Have you previously filed a Title VI complaint with this agency?			Yes	No	
Section V					
Have you filed this co	omplaint with any other Fe	ederal, State, or local agency,	or with any Federal	or State court?	
[] Yes	[] No				
If yes, check all that a	apply:				
[] Federal Agency: _					
[] Federal Court		[] State Agend	[] State Agency		
[] State Court [] Local			Agency		
Name: Title:					
Title:					
Agency:					
Address:					
Telephone:					
Name of agency com	nnlaint is against:				
Contact person:					
Title:					
Telephone number:					
-	ritten materials or other in	formation that you think is re	elevant to vour com	plaint.	
ignature and date red			,		
<u> </u>					
ignature			Date		

Please submit this form in person at the address below, or mail this form to:

- The Arc of the Farmington Valley, Inc., 225 Commerce Dr, Canton, CT 06019; or
- Connecticut Department of Transportation, Office of Contract Compliance, Attn: Title VI Coordinator, 2800
 Berlin Turnpike, Newington, CT 06111; or
- Federal Transit Administration, FTA Civil Rights Office, 1200 New Jersey Avenue SE, Washington, DC 20590