## TITLE VI COMPLAINT FORM CHURCH HOMES INC., CONGREGATIONAL

Section I:						
Name:						
Address:						
Telephone (Home)		Telephone (Work)				
Email Address:						
Accessible Format Requirements	Large Print	Audio Tape				
	TDD		Other			
Section II:						
Are you filing this compla	aint on your own beh	alf? Yes* No		No		
*If you answered "yes" to this question, go to Section III.						
If not, please supply the name and relationship of the person from whom you are complaining:						
Please explain why you have filed for a third party:						
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third		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 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 more space is needs please use the back of this form.						
Section IV						

Please submit this form in person at the address below, or mail this form to: William A. Englehart 550 Avery Heights
Hartford, CT 06106

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Have you previously filed a Title VI complaint with this agency?		Yes	No
Section V			
Have you filed this complaint with any other F court? [ ] Yes [ ] No  If yes, check all that apply: [ ] Federal Agency:	ederal, State, or loo	cal agency, or with	any federal or State
[ ] Federal Court:	[ ] State Ag	ency:	
[ ] State Court:	[ ] Local Ago	ency:	
Please provide information about a person at	the agency/court w	here the complain	t was filed.
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Section VI			
Name of Agency complaint is against:			
Contact person:			
Title:			
Telephone:			
You may attach any written material or oth complaint.	er information tha	at you think is rele	evant to your
Signature and date required below			
Signature	0	ate	