

Eastern Connecticut Transportation Consortium, Inc.
TITLE VI POLICY STATEMENT

The Eastern Connecticut Transportation Consortium, Inc. (ECTC) is committed to ensuring that no person is excluded from participation, denied benefits, or otherwise subjected to discrimination under any program or activity, on the basis of race, color, national origin, sex, age, or disability.

ECTC, as a recipient of federal financial assistance, will ensure full compliance with Title VI of the Civil Rights Act of 1964, as amended, and related statutes and regulations in all ECTC programs and activities.

Any person who believes that he or she has been subjected to discrimination or retaliation based on their race, color, national origin, sex, age, or disability may file a Title VI complaint. Complaints may be filed directly to ECTC or to the Federal Funding agency. Complaints must be filed in writing and signed by the complainant or a representative and should include the complainants name, address, and telephone number or other means by which the complainant can be contacted. Complaints must be filed within 180 days of the date of the alleged discriminatory act.

To request additional information on ECTC's non-discrimination obligations or to file a Title VI complaint, please submit your request or complaint **in** writing to:

ECTC Inc.
Att: Executive Director
18 Meridian Street
New London, CT 06320

Complaint form located below

Federal Transit Administration (FTA) Title VI complaints may be filed directly to:

Civil Rights Officer
Federal Transit Administration
Transportation Systems Center
55 Broadway, Suite 920
Cambridge, MA 02142-1093
Telephone: 617-494-2397

**Eastern Connecticut Transportation Consortium, Inc. (ECTC)
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.