

第 6 章及相关内容  
**Complaint Form- Title VI & Related Programs**  
**Southeastern Connecticut Council of Governments**

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东南康涅狄格州政府委员会 (SCCOG) 致力于确保任何人不会因种族, 肤色或国籍而被排除在参与或否认其服务的利益之外, 如“民权法”第六章所规定的那样。1964 年。

Southeastern Connecticut Council of Governments (SCCOG) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended.

任何认为他或她因种族, 肤色或国籍而受到 SCCOG 歧视的人, 可以填写此投诉表格提交第 VI 标题投诉。SCCOG 调查在指控事件发生后不超过 180 天收到的投诉。有关 Title VI 投诉的其他信息, 请阅读 SCCOG 的 Title VI 投诉程序。

Any person who believes he or she has been discriminated against on the basis of race, color, or nation origin by SCCOG may file a Title VI complaint by completing this complaint form. SCCOG investigates complaints received no more than 180 days after the alleged incident. For additional information about Title VI complaints, please read SCCOG's Title VI Complaint Procedure.

以下信息有助于我们处理您的投诉。请亲自在以下地址提交此表格, 或将此表格邮寄至:

The following information is necessary to assist us in processing your complaint. Please submit this form in person at the address below, or mail this form to:

SCCOG Title VI Coordinator  
5 Connecticut Avenue  
Norwich, CT 06360

如果您在填写此表格时需要任何帮助, 请致电 (860) 889-2324 联系 Title VI 协调员。

If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (860) 889-2324.

### 第 1 节

你的名字 Your Name:

号码 Telephone Number:

街道地址 Street Address:

电子邮件地址 Email:

城市, 州和邮政编码 City, State & Zip Code:

您需要以下格式吗? Accessible Format Requirements ?

大字体 Large Print

录音带 Audio Tape

TDD

其他 Other

## 第 2 节

您是否代表自己提交此投诉？  是 \*  没有

\*如果是，请转到第 3 节。

Are you filing this complaint on your own behalf? Yes\*/No \*If yes, go to Section III.

如果否，请提供投诉人的姓名和关系：

If No, please supply the name and relationship of the person for whom you are complaining:

\_\_\_\_\_

请解释您为其他人提交投诉的原因：

Please explain why you have filed for a third party:

\_\_\_\_\_

请确认您已获得投诉人的许可，可以提交此投诉：  是  没有

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes/No

### 第 3 节

我相信我所经历的歧视是基于：（检查任何适用的）

I believe the discrimination I experienced was based on: (check all that apply):

种族       肤色       国家起源

RACE/COLOR/NATIONAL ORIGIN

仅适用于 FHWA 投诉       性别       年龄

For FHWA complaints only: SEX / AGE

歧视日期（月，日和年）：

Date of Alleged Discrimination (Month, Day, Year):

尽可能清楚地解释发生了什么，以及为什么你认为你受到歧视。描述所有参与的人。包括歧视您的人（如果知道）的姓名和联系信息，以及任何证人的姓名和联系信息。您可以附上您认为我与您的投诉相关的任何书面材料或其他信息。

Explain as clearly as possible what happened and why you believe that 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. You may attach any written materials or other information that you think I relevant to your complaint.

#### 第 4 节

您是否已向任何其他联邦，州或地方机构或联邦或州法院提交此投诉？

是  没有

Have you filed this complaint with any other Federal, State, or local agency, or with and Federal or State court? Yes/No

如果是，请提供投诉所在机构/法院联系人的联系信息：

If yes, please provide contact information for a contact person at the agency/court where the complaint was filed.

名称 Name:

职称 Title:

机构或法院 Agency/Court:

地址 Address:

电子邮件地址 Telephone Number:

#### 第 5 节

投诉所针对的机构名称 Name of the agency complaint is against :

联系人姓名 Contact Person :

职称 Title:

电子邮件地址 Telephone Number:

您的签名和日期必须在下面。 Signature and date required below.

\_\_\_\_\_  
签名 Signature

\_\_\_\_\_  
日期 Date

*To be completed by SCCOG: 由 SCCOG 完成:*

Date Received: 接收日期: \_\_\_\_\_

Received By: 收到者: \_\_\_\_\_