

CONFIDENTIAL

City of Stamford



Title VI Discrimination  
Complaint Form

**Fill out, print, and send the form to the City of Stamford Director of Diversity, Equity and Inclusion, 888 Washington Boulevard, Stamford, CT 06901. It may be scanned and sent to [chughes1@stamfordct.gov](mailto:chughes1@stamfordct.gov). Please keep a copy of this form and any material you submit for your records.**

Name(s) \_\_\_\_\_

Street Address/Apt # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Discrimination on the basis of: \_\_\_ Race \_\_\_ Color \_\_\_ National Origin \_\_\_ Other (please specify)

Please provide the date(s), location(s) of the alleged discrimination:

Please provide the name(s) and title(s) of individuals that allegedly discriminated against you, if known:

Please briefly and clearly explain what happened and how you feel you were discriminated against. Include the names and contact information of any witnesses, if available:

Please attach additional sheets and other written documentation of your complaint as necessary.

**I believe that the information provided on this Title VI Complaint Form is accurate.**

**Complainant Signature:**

**Printed Name:**

**Date:**