

COUNCIL OF GOVERNMENTS OF THE CENTRAL NAUGATUCK VALLEY

Title VI Policy Statement

The Council of Governments of the Central Naugatuck Valley (COGCNV), as a recipient and subrecipient of federal financial assistance, works to ensure full compliance with Title VI of the Civil Rights Act of 1964, as amended, and related statutes and regulation in all COGCNV programs and activities. The COGCNV 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, or national origin.

Anyone who believes that he or she has been subjected to discrimination or retaliation based on their race, color, or national origin may file a Title VI complaint. Complaints may be filed directly to COGCNV or to the Federal Funding agency. Complaints must be filed in writing and signed by the complainant or a representative and should include the complainant's 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 COGCNV's non-discrimination obligations to file a Title VI complaint, please submit your request or complaint in writing to:

Executive Director
Council of Governments of the
Central Naugatuck Valley
60 North Main Street, Third Floor
Waterbury, CT 06702

Complaint forms can be obtained online at the COGCNV website: www.cogcnv.org

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

Federal Transit Administration
Title VI Program Coordinator
East Building, 5th Floor, TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Federal Highway Administration (FHWA) Title VI complaints may be filed directly to:

Federal Highway Administration
Investigations & Adjudication Team Director
FHWA Office of Civil Rights
1200 New Jersey Avenue, SE, Suite E-81
Washington, DC 20590

APPENDIX A: TITLE VI POLICY STATEMENT AND COMPLAINT FORM

**COUNCIL OF GOVERNMENTS CENTRAL NAUGATUCK VALLEY
TITLE VI DISCRIMINATION COMPLAINT FORM**

Complainant's Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Discrimination because of: Race Color National Origin
(check applicable box[es])

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: _____

Please print name _____

You may use additional sheets of paper if necessary. Also include any written materials pertaining to your complaint.

Deliver or mail this form to:

Peter Dorpalen Executive Director, COGCNV, 60 North Main Street, 3RD Floor Waterbury, CT 06702 or email to: pdorpalen@cogcnv.org, or fax to Attn: P. Dorpalen at 203-756-7688.