

CONFIDENTIAL



Town of Redding

Title VI Discrimination
Complaint Form

**Fill out, print, and send the form to the First Selectwoman Julia Pemberton
100 Hill Road, Redding, CT 06896. It may be scanned and sent to jpemberton@townofreddingct.org. 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: