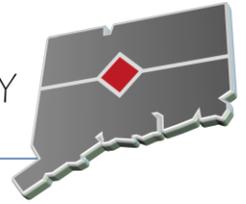


# CENTRAL CONNECTICUT REGIONAL PLANNING AGENCY

*Serving Berlin, Bristol, Burlington, New Britain, Plainville, Plymouth, and Southington*

225 North Main Street, Suite 304, Bristol, CT 06010-4993 · tel/fax: 860-589-7820 · <http://ccrpa.org>



## MPO Appeals Process complaint form

Please give your name and contact information.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Which of the following best describes the reason you believe the discrimination took place?

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Race, Color, Ethnicity | <input type="checkbox"/> National Origin | <input type="checkbox"/> Limited English | <input type="checkbox"/> Low-income   |
| <input type="checkbox"/> Sex                    | <input type="checkbox"/> Age             | <input type="checkbox"/> Disability      | <input type="checkbox"/> Other reason |

What date(s) and location(s) did the alleged discrimination take place?

\_\_\_\_\_  
\_\_\_\_\_

Please list names and contact information of any witnesses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who allegedly discriminated against you? Please provide the name(s) of the individual(s), the job title of the person(s), and the agency(ies) represented by the person(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a description of the incident(s). Include how you feel that you were discriminated against and how other people, if any, were treated differently. Use additional pages as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you filed this complaint with any other local, state, or federal agency?  Yes  No  
If yes, please provide the name of the agency and the contact person at that agency.

\_\_\_\_\_  
\_\_\_\_\_

Signature and date: \_\_\_\_\_

You may include any additional pages and information pertaining to your complaint.