What is Title VI?

Title VI of the Civil Rights Act of 1964 provides that “no person in the United States shall, on the ground of race, color, or national origin, be (1) excluded from participation in, (2) denied the benefits of, or (3) subjected to discrimination under any program or activity receiving Federal financial assistance” (42 USC 2000[d]).

Title VI Policy

As a recipient and sub-recipient of Federal financial assistance, the South Central Regional Council of Governments (SCRCOG) works to ensure compliance with Title VI of the Civil Rights Act of 1964 (as amended) and related statutes/regulations in all SCRCOG programs and activities.

Filing a Title VI complaint

Anyone who believes that he or she has been subjected to discrimination based on race, color, or national origin may file a Title VI complaint. The complaint must be in writing and may be filed by the affected party or a representative.

Complaints should be filed within 180 days of the date of the alleged discrimination and include:

- Complainant’s name, addresses, phone number, and e-mail address or fax number
  - If filing on behalf of another person, please include your name, address, phone number and e-mail address or fax number and your relation to that person
- Name(s) of the individual(s) who allegedly discriminated against you
- Names, addresses, and phone numbers of any witnesses
- A description of how, when, and why you believe you were discriminated against
- Your signature

To obtain additional information about SCRCOG’s discrimination obligations or to submit a Title VI complaint, please submit your written request or complaint to:

South Central Regional Council of Governments  
Attention: Carl Amento, Executive Director  
127 Washington Avenue, 4th Floor West  
North Haven, CT 06473

If this information is needed in another language, please contact SCRCOG at (203) 234-7555.

Complaint forms are available at the SCRCOG office and online (www.scrcog.org).

Complaints may also be filed directly to the appropriate Federal transportation agency:

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

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

Please note that complaints should not be filed with the Connecticut Commission on Human Rights and Opportunities (CHRO).
Complaint Procedure

Once a complaint is received, it will be reviewed by the Executive Director. The complainant will receive an acknowledgement letter via e-mail, fax, or letter within 48 hours of receipt. A written response will be issued within 15 business days.

Appeals

In the event a complainant is not satisfied with the response received from SCRCOG, the complainant may contact SCRCOG’s Field Coordinator at the Connecticut Department of Transportation or the Connecticut Commission on Human Rights and Opportunities to request an additional review and assistance.
SOUTH CENTRAL REGIONAL COUNCIL OF GOVERNMENTS

Title VI Discrimination Complaint Form

If this form is needed in another language, please contact SCRCOG at (203) 234-7555.

Complainant’s Name: ____________________________________________________________

Street Address: __________________________________________________________________

City/State/Zip: __________________________________________________________________

Phone: __________________ E-mail Address or Fax: __________________________________

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

Please provide the date(s) and location of the alleged discrimination as well as 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 clearly as possible what happened and how you were discriminated against.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signature: ___________________________ Date: ___________________________

If filed by a representative of the complainant, please provide:

Name: ______________________________________________________________________

Address: _____________________________________________________ Phone: _________________

E-mail Address or Fax: __________________________

Attach additional sheets of paper as necessary. You may include any written materials or other information that you think is relevant to your complaint.

Submit this form to: South Central Regional Council of Governments
Attention: Carl Amento, Executive Director
127 Washington Avenue, 4th Floor West
North Haven, CT 06473