September 22, 2011

To Whom It May Concern:

The Town of Plainfield hereby formally adopts the Title VI compliance procedures of the ConnDOT. As such, the Town adopts the attached Connecticut Department of Transportation Title VI Policy Statement as presented by their agency. In adherence with this policy Statement, the Town of Plainfield will implement the attached ConnDOT Title VI Discrimination Complaint forms and process.

Any Title VI compliance matters will be referred to Robert Kerr, Title VI Coordinator for the Town of Plainfield.

Sincerely,

[Signature]

Paul E. Sweet
First Selectman
Town of Plainfield
Connecticut Department of Transportation

TITLE VI POLICY STATEMENT

The Connecticut Department of Transportation (ConnDOT) is committed to ensuring that no person is excluded from participation, denied benefits, or otherwise subjected to discrimination under any program or activity, on basis of race, color, national origin, sex, age, or disability.

ConnDOT as a recipient of federal assistance will ensure full compliance with Title VI of the Civil Rights Act of 1964, as amended, and related statues and regulations in all ConnDOT programs and activates.

Any person who believes that he or she has been subjected to discrimination or retaliation based on their race, color, national origin, sex, age, or disability may file a Title VI complaint. Complaints must be filed in writing and signed by the complaint or a representative and should include the complaints name, address, and telephone number or other means by with 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 the ConnDOT’s non-discrimination obligations or to file a Title VI complaint, please submit your request or complaint in writing to:

Division of Contract Compliance, Manager
Connecticut Department of Transportation
2800 Berlin Turnpike
Newington, Connecticut 06111

Complaints forms can be obtained online at the ConnDOT website: www.ct.gov/dot

Federal Transit Administration (FTA) Title VI complaints may be filed directly to:
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:
Ms. Brenda Armstead, investigations & Adjudication Team Director
FHWA Office of Civil Rights
1200 New Jersey Avenue, SE, Suite E-81
Washington, DC 20590

Federal Aviation Administration (FAA) Title VI complaints may be filed directly to:
Mr. Ossie Jordan, Civil Rights Officer
New England Region Headquarters, ANE-9
18 New England Executive Park
Burlington, MA 02302
Connecticut Department of Transportation

Title II – Americans with Disabilities Act (ADA)/504
Complaint Procedure

In the event a member of the public has a complaint or concern alleging a violation of Title II of the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act regarding any service or program funded through the Connecticut Department of Transportation, they should contact the Department’s ADA Coordinator, Diane Donato, who is the Equal Employment Opportunity Director. Ms. Donato can be reached by phone at 860-594-3067, by email at: diane.donato@ct.gov, or by postal mail at:

Ms. Diane Donato
EEO Director
Connecticut Department of Transportation
P.O. Box 317546
Newington, CT 06131-7545

Ms. Donato will assure that the matter is addressed, investigated, or referred to an appropriate investigatory authority.
Connecticut Department of Transportation
TITLE VI DISCRIMINATION COMPLAINT FORM

Complainant's Name: ____________________________________________________________

Street Address: _______________________________________________________________

City/State/Zip: _________________________________________________________________

Phone: ________________________________________________________________

Discrimination because of: __Race/__Color/__National Origin/__Sex/__Age/__Disability/__Creed (FAA only)/__Other

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).

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Please provide the names, addresses and telephone numbers of any witnesses.

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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.

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Signature: ________________________ Date: _______________________

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