Title VI Complaint Form

Niagara Frontier Transportation Authority (NFTA)

*“NFTA is committed to ensuring that no person is excluded from participation in or denied the benefits of, or be subject to discrimination in the receipt of its services on the basis of race, color or national origin as protected by Title VI of the Civil Rights Act of 1964, as amended.”*

***Title VI complaints must be filed within 180 days from the date of the alleged discrimination****.*

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| **Section I** | | | | |
| Name: Address: City: State: Zip Code:  Telephone (Home): Telephone (Work): | | | | |
| **Section II** | | | | |
| Are you filing this complaint on your own behalf? Yes\*: No:  \*If you answered “Yes” to this question, go to Section III | | | | |
| If not, please supply the name and relationship of the person for whom you are complaining:  Please explain what you have filed for a third party: | | | | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes: No: | | | | |
| **Section III** | | | | |
| Were you discriminated against because of (check all that apply)  [ ] Race [ ] Color [ ] National Origin  Date of Alleged Incident: | | | | |
| Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the form. | | | | |
| **Section IV** | | | | |
| Have you previously filed a Title VI complaint with this agency? | Yes: |  | No: \_ |  |
|  | | | | |
| **Section V** | | | | |
| Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? [ ] Yes [ ] No  If yes, check all that apply:  [ ] Federal agency [ ] Federal court [ ] State agency [ ] State court [ ] Local agency | | | | |

You may attach any written materials or other information that you think is relevant to your complaint.

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: Address: City: State: Zip Code: Telephone Number:

Signature and date required below

Signature Date

If you have any questions or need assistance completing this form, please contact EEO/Diversity Development office at (716) 855-7489.

The completed form must be returned to:

Dejuan Hardy, Manager EEO/Diversity Development

Niagara Frontier Transportation Authority 181 Ellicott Street

Buffalo, New York 14203