Title VI COMPLAINT FORM

Title VI of the 1064 Civil Rights Act requires that "no person in the United States shall, on the ground of race, color, national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." If you feel you have been discriminated against by the CFDS INC Transportation Department, please provide the following information in order to assist in processing your complaint and send to:

1. State your name and address:
   Name:
   Address:
   Telephone:  Home:  Work:  Other:

2. State Person(s) discriminated against, if different from above:
   Name:
   Address:
   Telephone:  Home:  Work:  Other:
   Relationship to this person(s):

3. Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of others? If so, please indicate below the base(s) on which you believe discriminatory actions were taken:
   - Race/Ethnicity:
   - National Origin:
   - Sex:
   - Age:
   - Disability:

4. What is the most convenient time and place for us to contact you about this complaint?

5. If you have an attorney representing you concerning the matters raised in the complaint, please provide the following:
   Name:
   Address:
   Telephone Number:
6. To your best recollection on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: __________________________
Most recent date of discrimination: __________________________

7. Complaints of discrimination must generally be filed within one hundred eighty (180) days of the alleged discrimination. If the most recent date, listed above, is more than one hundred and eighty (180) days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to filed your complaint.

________________________________________________________________________
________________________________________________________________________

8. Please explain as clearly as possible what happened, why you believe it happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials to your case).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Please list below any person (witnesses, fellow CFDS.INC participants, employees, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name, Address, Phone No.
________________________________________________________________________
________________________________________________________________________

10. Do you have any other information that you think is relevant to our investigation of your allegations?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. What remedy are you seeking for the alleged discrimination?

________________________________________________________________________
________________________________________________________________________
12. Have you (or the person allegedly discriminated against) filed the same or any other complaints with other governmental offices (including but not limited to the Federal Transit Administration or the Department of Civil Rights)?

Yes______No______

If so, please state the name, address and contact information of the agency at which the complaint was filed and the current status of that appeal:

Agency: __________________________________________________________
Contact Person: __________________________________________________
Address: _________________________________________________________
Telephone Number: ________________________________________________

13. We cannot accept a complaint if it has not been signed. Please sign and date below:

__________________________________________
Signature/ Date

__________________________________________
Print Name

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:

Title VI Coordinator
CFDS, Inc.
314 South Manning Blvd
Albany, NY 12208