

Title VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that "no person in the United States shall, on the ground of race, color, or 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 us 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 file 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