

STEUBEN COUNTY TRANSIT TITLE VI COMPLAINT FORM

SCT operates its programs and services without regard to race, color and national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI must file a complaint within 180 days of the alleged occurrence to any of the following by mail, in person, fax and/or email as explained at the end of the form.

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
<hr/> <hr/> <hr/>		

Section IV:		
Have you previously filed a discrimination complaint with this __ Yes __ No agency?		
If yes, please provide any reference information regarding your previous complaint.		

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:		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI:		
Name of agency complaint is against:		
Name of person complaint is against:		
Title:		
Location:		
Telephone Number (if available):		

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below

Signature

Date

Mail, email or deliver completed form to:
Steuben County
Attn: Christopher Brewer: Deputy County Manager
3 East Pulteney Square
Bath, NY 14810

(607) 664-2245

CBrewer@steubencountyny.gov

New York State Department of Transportation, Office of Civil Rights, Attn: Director, 50 Wolf Road, Sixth Floor, Albany, NY 12232, fax: 518.549.1273 or email: OCRTitleVI@dot.ny.gov

Federal Transit Administration (FTA), Office of Civil Rights, Attn: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave, SE, Washington, DC 20590.