Centro Title VI Complaint Form

Section I:						
Name:						
Address:						
Telephone (Home):	Telephone (Other):					
E-Mail Address:						
Accessible Format Requirements?	Large Print TDD		Audio Tape Other			
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 provide the name of and your relationship to the person for whom you are filing the complaint:						
Name:	Relationship:					
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,	Yes		No			
Section III:						
I believe the discrimination I experienced was based on (check all that apply): [] Race [] Color [] National Origin						
Date of Alleged Discrimination (Month, Day, Year):						
Time of Day:						
Bus Route Explain as clearly as possible what happened and why y all persons who were involved. Include the name and coagainst you (if known) as well as names and contact inforplease attach additional sheets to this form.	ontact information	on of the po	erson(s) who disc	riminated		

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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:						
Please provide information about a contact person at the agency/court where the complaint was filed.						
Name:						
Title:						
Agency:						
Address:						
Phone Number:						
You may attach any written materials or additional information	on you feel is relevar	nt to your complaint.				
oignature and date required below.						
Signature	Date					

Please submit this completed Title VI Complaint Form in person at the address below, or mail to:

Title VI Complaint Officer
Central New York Regional Transportation Authority
200 Cortland Avenue
PO Box 820
Syracuse, NY 13205
cnyrta@centro.org