# Centro Title VI Complaint Form

## Section I:

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone (Home):</td>
</tr>
<tr>
<td>E-Mail Address:</td>
</tr>
<tr>
<td>Accessible Format Requirements?</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

## Section II:

<table>
<thead>
<tr>
<th>Are you filing this complaint on your own behalf?</th>
<th>Yes*</th>
<th>No</th>
</tr>
</thead>
</table>

*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:

<table>
<thead>
<tr>
<th>Name: ___________________________________________</th>
<th>Relationship: ___________________________________</th>
</tr>
</thead>
</table>

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,

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

## 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 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 attach additional sheets to this form.
**Centro Title VI Complaint 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: ________________________________

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 you feel is relevant to your complaint.**

Signature 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