Title VI Complaint Form
Niagara Frontier Transportation Authority (NFTA)

“NFTA is committed to ensuring that no person is excluded from participation in or denied the benefits of, or be subject to discrimination in the receipt of its services on the basis of race, color or national origin as protected by Title VI of the Civil Rights Act of 1964, as amended.”

Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

Section I
Name: ______________________________________

Address: ______________________________________

City: __________________________ State: ______ Zip Code: __________

Telephone (Home): __________________________ Telephone (Work): __________

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 supply the name and relationship of the person for whom you are complaining:

________________________________________________________________________

Please explain what 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
Were you discriminated against because of (check all that apply)

[ ] Race  [ ] Color  [ ] National Origin

Date of Alleged Incident: ______________________

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the 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: ________________________________________________________________

Address: __________________________________________________________________

City: ____________________________ State: __________ Zip Code: __________

Telephone Number: ______________________________________________________

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

_____________________________ ______________________________
Signature Date

If you have any questions or need assistance completing this form, please contact EEO/Diversity Development office at (716) 855-7486.

The completed form must be returned to:
Christine Farrow, Ph.D., Manager
EEO/Diversity Development
Niagara Frontier Transportation Authority
181 Ellicott Street
Buffalo, New York 14203