# Title VI Complaint Form

- **Complainant Information:**

  First Name _____ Last Name _____

  Address _____
  Street Number and Name City State Zip Code

  Telephone _____

  E-mail Address _____

- **Provide a summary of why you are filing this complaint**: _____

_____

_____

_____

- **I am filing this complaint: (select one)**
  ___ On my own behalf
  ___ On behalf of someone else. Supply the name of the person for whom you are filing this complaint and your relationship to them: _____
  Name Relationship
- **Have you obtained the permission of the person for whom you are filing this complaint to make this complaint?** ___ Yes or ___ No
- **I believe that I have been (or the person listed above has been) discriminated against on the basis of: (Select all that apply)**

  ___ Disability

  ___ Race / Color / National Origin

  ___ Other (e.g., religion, sex, age); Specify: _____

- **I believe that a transit agency has failed to comply with the following program requirements: (Select all that apply)**

  ___ Americans with Disabilities Act (ADA)

  ___ Title VI of the Civil Rights Act of 1964 (Title VI)

  ___ Disadvantaged Business Enterprise (DBE)

  ___ External Equal Employment Opportunity (EEO)

  ___ Other (e.g., religion, sex, age); Specify: _____

- **Clearly explain what happened and why you believe you were discriminated against. Include specific details such as names, dates, times, route numbers, locations and any other relevant information that would assist us in understanding and investigating your allegations. (Attach additional pages as needed & attach any documentation that is relevant to this complaint)**

_____

_____

_____

_____

_____

- **Have you filed this current complaint with your local transit agency, federal agency, legal firm, or any other agency?**
  ___ No
  ___ Yes. Specify the name of the agency/entity, date of filing, and contact information:
  _____
  _____

**I, _____, hereby certify on _____, that the**
Print your full name Today's date

**information provided in this form is completely true and correct to the best of my knowledge.**

**Signed,**

_____
Original signature required

This signed complaint must be filed within 180 days of the date of the alleged discrimination & sent to:
Michelle LaVignera
Director of Operations & Title VI Coordinator
Catholic Charities of Staten Island
Via Mail: 120 Anderson Avenue, Staten Island, NY 10302
OR
Via E-mail: mlavignera@cc-si.org