



Tompkins Consolidated  
Area Transit, Inc. (TCAT)  
737 Willow Ave.  
Ithaca NY 14850  
Phone: (607)277-RIDE (7433)  
Fax: (607) 277-9551  
Email: [tcat@tcatmail.com](mailto:tcat@tcatmail.com)  
Website: [tcatbus.com](http://tcatbus.com)

## TITLE VI Complaint Form

Notice: Anyone who cannot use this form or who needs assistance filling it out should call TCAT's Civil Rights officer at (607)277-9388 ext. 560. TCAT will strive to assist with the process.

Complaints must be filed within 180 days of the alleged discrimination.

### SECTION I

#### Your Information

Name	
Home Address (Street, No., P.O Box, City, State Zip	
Home Telephone	
Mobile Phone	
Email Address	

### SECTION II

#### Your Information

Are you filing this complaint on your own behalf?	Yes____ No____ (If you answered "yes" to this question, continue to Section III) If you answered "no" to this question, continue on this section before filling out Section III
Supply the name and relationship with the person from whom you are filing.	Name_____ Relationship_____
Why have you filed on behalf of a third party?	
Have you obtained permission of the person on whose behalf you are filing this complaint?	Yes____ No____

<b>SECTION III</b>	
<b>Description</b>	
I believe the discrimination I experienced or witnessed was based on (check all that apply):	Race____ Color____ National Origin____ Other_____
Date of alleged discrimination? month/day/year	____/____/____
Explain as clearly as possible what happened and why you believe you were discriminated against. Please provide location, bus route no. if applicable, time of day. Describe persons involved as well as names and contact information of any witnesses. If you need more space please use the back of this form.	----- ----- ----- ----- ----- ----- ----- -----

<b>SECTION IV</b>	
<b>Previous Complaints of Discrimination with TCAT?</b>	
Have you previously filed a complaint against TCAT?	Yes____ No____ (If yes, continue to the next two questions) (If no, continue to Section V)
Date of alleged discrimination? month/day/year	____/____/____
My previous complaint about discrimination was based on?	Race____ Color____ National Origin____ Other_____
Any additional details?	

<b>Was complaint resolved to your satisfaction?</b>	<b>Yes_____ No_____</b> <b>If no, please provide additional details in space below.</b>     
<b>SECTION V</b> <b>Previous Complaints with Other Agencies?</b>	
<b>Have you filed this complaint with any other Federal, State or local agencies, or with any Federal or State court?</b>	<b>Yes_____ No_____</b> <b>If no, please provide additional details in space below.</b> <b>If yes, check all that apply:</b> <b>Federal Agency_____</b> <b>Federal Court _____</b> <b>State Court _____</b> <b>State Agency_____</b> <b>Local Agency_____</b>
<b>Date of alleged discrimination? month/day/year</b>	<b>____/____/____</b>

<b>SECTION VI</b> <b>Optional</b> <b>Do you have any suggestions to help TCAT resolve your complaint? What action would you believe appropriate?</b> <b>(Please describe below)</b>

<b>Your Signature</b>
<b>Date</b>

**Please submit this form in person or send to the address below:**

**Patty Poist**

**Title VI/ Civil Rights Coordinator**

**TCAT, Inc.**

**737 Willow Ave.**

**Ithaca, NY 14850**

**Email: [tcat@tcatmail.com](mailto:tcat@tcatmail.com)**

**Phone: (607)277-9388 ext. 560**

---