



## TITLE VI/ ADA Complaint Form

**Notice:** Anyone who cannot use this form or who needs assistance it out should call TCAT's Civil Rights officer at (607)277-9388 ext. 560.

**Title VI complaints based on race, color or national origin must be received within 180 days of the alleged incident.**

**ADA complaint based on disabilities must be received within 90 days of the alleged incident.**

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)

### 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>	
<b>I believe the discrimination I experienced or witnessed was based on (check all that apply):</b>	<b>Race</b> ____ <b>Color</b> ____ <b>National Origin</b> ____ <b>Other</b> _____
<b>Date of alleged discrimination? month/day/year</b>	____/____/____
<b>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>	----- ----- ----- ----- ----- ----- ----- ----- ----- -----
<b>SECTION IV</b>	
<b>Previous Complaints of Discrimination with TCAT?</b>	
<b>Have you previously filed a complaint against TCAT?</b>	<b>Yes</b> ____ <b>No</b> ____ (If yes, continue to the next two questions) (If no, continue to Section V)
<b>Date of alleged discrimination? month/day/year</b>	____/____/____
<b>My previous complaint about discrimination was based on?</b>	<b>Race</b> ____ <b>Color</b> ____ <b>National Origin</b> ____ <b>Disability</b> _____
<b>Any additional details?</b>	



**Please send complaints related to discrimination based on race, color or national origin to:**

**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**

**Please send complaints related to discrimination based on disability to:**

**Jennifer Jennings**  
**ADA Coordinator**  
**TCAT, Inc.**  
**737 Willow Ave.**  
**Ithaca, NY 14850**  
**Email: [tcat@tcatmail.com](mailto:tcat@tcatmail.com)**  
**Phone: (607) 277-9388 ext. 420**

---