

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
Website: tcatbus.com

| SECTION I | |
|----------------------------------|---|
| Your Information | |
| | |
| Name | |
| | |
| Home Address (Street, No., | |
| P.O Box, | |
| City, State Zip | |
| | |
| Home Telephone | |
| 3.6 1.1 DI | |
| Mobile Phone | |
| Tours 21 A Jaleana | |
| Email Address | |
| SECTION II | |
| Your Information | |
| Your information | |
| Are you filing this complaint | Yes No |
| on your own behalf? | (If you answered "yes" to this question, continue to Section III) |
| 012 y 0012 0 11 12 0 0 1 1 1 1 1 | If you answered "no" to this question, continue on this section |
| | before filling out Section III |
| Supply the name and | before fining out section in |
| relationship with the person | Name |
| • • | |
| from whom you are filing. | Relationship |
| Why have you filed on behalf | |
| of a third party? | |
| Have you obtained permission | Yes No |
| of the person on whose behalf | 100 110 |
| _ | |
| you are filing this complaint? | |

| SECTION III | | | | |
|---------------------------------|--|---------------------|--|--|
| Description | | | | |
| _ | | | | |
| I believe the discrimination I | | Race | | |
| experienced or w | itnessed was | Color | | |
| based on (check a | all that | National Origin | | |
| apply): | | Other | | |
| | | | | |
| Date of alleged | | | | |
| discrimination? | | / | | |
| month/day/year | | | | |
| Explain as clearly | y as possible | | | |
| what happened a | nd why you | | | |
| believe you were | | | | |
| discriminated ag | ainst. 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. | | | | |
| SECTION IV | | | | |
| Previous Compla | ints of Discrin | nination with TCAT? | | |
| Have you | YesNo_ | | | |
| previously filed | (If yes, continue to the next two questions) | | | |
| a complaint | (If no, continue to Section V) | | | |
| against TCAT? | | | | |
| Date of alleged | | | | |
| discrimination? | | | | |
| month/day/year | | | | |
| My previous | Race | | | |
| complaint | Color | | | |
| about | National Origin | | | |
| discrimination | Disability | | | |
| was based on? | _ | | | |
| Any additional | | | | |
| details? | | | | |

| Was complaint | Yes No | | | | |
|--|--|--|--|--|--|
| resolved to | If no, please provide additional details in space below. | | | | |
| your | | | | | |
| satisfaction? | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SECTION V | | | | | |
| Previous Complaints with Other Agencies? | | | | | |
| Have you filed th | nis complaint | YesNo | | | |
| with any other Federal, State | | If no, please provide additional details in space below. | | | |
| _ | | If yes, check all that app | - | | |
| Federal or State | • | Federal Agency | | | |
| | | Federal Court | State Agency | | |
| | | State Court | <u> </u> | | |
| Date of alleged | | | | | |
| discrimination? | | | | | |
| month/day/year | | | | | |
| <i>J J</i> | | | | | |
| SECTION VI | | | | | |
| Optional | | | | | |
| _ | suggestions to | help TCAT resolve your | complaint? What action would you believe | | |
| appropriate? | 88 | · | • | | |
| (Please describe | below) | | | | |
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| ~- | | | | | |
| Your Signature: | | | | | |
| | | | | | |
| Date: | | | | | |
| Month: | Dove | Voor | | | |

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
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: <u>tcat@tcatmail.com</u> Phone: (607) 277-9388 ext. 420