



TITLE VI COMPLAINT FORM

If assistance is needed in another language, please call 585.288.1700.
Si necesita información en otro idioma, por favor llame al 585-288-1700.

Section 1

Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work): _____

Electronic Mail Address: _____

Accessible Format Requirements? Large Print Audio Tape
 TDD Other _____

Section 2

Are you filing this complaint on your own behalf? Yes No

If you answer YES, go to Section 3.

If you answer NO, complete Section 2.

Supply the name of the third party and your relationship to the third party.

Name: _____ Relationship: _____

Why you are filing a complaint for a third party? _____

Did you obtain the permission of the aggrieved party to file on his/her behalf? Yes No

Section 3

I believe the discrimination I experienced was based on (check all that apply): Race Color National Origin

_____ at _____
 Date of Alleged Discrimination (Month, Day, Year) Time of Alleged Discrimination (00:00 AM/PM)

Transit Service (choose one):	RTS <input type="checkbox"/>	RTS Access <input type="checkbox"/>	RTS Geneseo <input type="checkbox"/>	RTS Livingston <input type="checkbox"/>	RTS Ontario <input type="checkbox"/>	RTS Orleans <input type="checkbox"/>	RTS Wayne <input type="checkbox"/>	RTS Wyoming <input type="checkbox"/>
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Bus #: _____ Route Name/Number: _____

Direction of Travel: _____ Location of Incident: _____

Explain what happened, why you believe you were discriminated against, and describe all persons who were involved. If you need more space, please attach a separate sheet.

Provide the name and contact information of the person(s) who discriminated against you (if known) and the names and contact information of any witnesses. If you need more space, please attach a separate sheet.



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Section 4

Have you previously filed a Title VI complaint with this agency? Yes No

Section 5

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal agency or State court? Yes No

If you answer YES, check all that apply:

Federal Court State Agency State Court Local Agency

Please provide a contact person at the agency/court where the complaint was filed.

Name	Title	Agency
Address: _____		
Telephone: _____		

Section 6

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and Date Required Below

Signature: _____ Date: _____

File the Title VI Complaint within 180 Days of the Incident

USPS Mail	Electronically Through the Website	In Person During Business Hours
RGRTA Legal Affairs 1372 East Main Street Rochester NY 14609	<ol style="list-style-type: none"> 1. Scan the written, signed complaint. 2. Save the file in PDF format. 3. Go to http://www.myrts.com/Contact-Us. 4. Complete the online form. 5. Click "Submit with Attachment" 6. Upload the PDF file of the complaint. 7. Click "Save/Close." 	Deliver your written, signed complaint to: Lobby Front Desk 1372 East Main Street, Rochester NY 14609 OR Customer Information Desk RTS Transit Center 60 St. Paul Street, Rochester NY 14604