

Title VI – Civil Rights Complaints

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance. Greene County Transit along with the Federal Transit Administration is committed to using nondiscriminatory practices in the bus service.

If you believe you or others:

- have been discriminated against due to race, color, or national origin
- have been excluded from participation in or denied the benefits
- have been subject to discrimination under any Greene County Transit service, program or activity

You have the right to register a Title VI Civil Rights complaint. Please return completed form to:

Sondra Cozza, Transit Director
Greene County Transit Public Transportation
311 West Bridge Street, Catskill NY 12414
E-mail: Sondra.Cozza@TheArcUG.org
Phone number for a Title VI complaint: (518) 943-3625
Website: GreeneCountyTransit.com

Greene County Transit, through its Transit Director, will respond in writing to the person filing a Title VI complaint within 5 business days. If Greene County Transit's investigation determines that the complaint is determined to involve discrimination covered by Title VI, within twenty working days a report on the complaint will be completed and mailed to the complainant.

The report will document the violation, the actions that will be taken to comply with the provisions of Title VI, and the company appeal procedure.

Also, you have the right to file your Title VI complaint directly with the Federal Transit Administration within 180 days of the alleged event:

Federal Transit Administration
Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5 th Floor-TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Request for Reasonable Modifications: GCT will make reasonable modifications to its policies, practices or procedures when requested to do so by individuals with disabilities when such accommodations are necessary to avoid discrimination on the basis of disability. Requests for accommodations will be considered on a case-by-case basis and may be denied if:

- Granting the request would fundamentally alter the nature of the authority's service, programs or activities;
- Granting the request could create a direct threat to the health or safety of others;
- Without such modifications, the individual with a disability is otherwise able to fully use the authority's services, programs or activities for their intended purpose.

COMPLAINT FORM

Greene County Transit is dedicated to ensuring that no person is excluded from participation or denied benefits of services on the basis of race, color, national origin, disability, sexual orientation, or other protected status, as provided by Title VI of the Civil rights Act of 1964 and as amended, and prohibits discrimination against people with disabilities The Americans with Disabilities as provided by Act (ADA) of 1990 and as amended.

Complaints must be filed within 180 days from the date of the alleged discrimination with the following information provided to assist in processing. If you require assistance in completing this form, please contact Greene County Transit by calling (518)943-3625.

Please fill out complainant information below (if someone other than the complainant, please fill out the last two boxes as well):		Type of Complaint: (please check one)	
		Civil Rights <input type="checkbox"/>	LEP <input type="checkbox"/> DBE <input type="checkbox"/>
		ADA <input type="checkbox"/>	EEO <input type="checkbox"/> Other <input type="checkbox"/>
Name:			
Address:			
City:		State:	
Phone:		Email:	
Person(s) discriminated against (if someone other than complainant):			
Address (if someone other than complainant):			

Which reason best describes the alleged discrimination that took place? (Please check one)	
Race	
Color	
National Origin	
Disability	
Sexual Orientation	
Other discrimination/allegation (please explain in detail)	

Description of Complaint:

Date of incident: ____/____/____

Please describe the alleged discrimination in as much detail as available, such as: date, time, route number, location, vehicle number, names and titles of all staff involved, reason for complaint, explanation of actions leading to complaint, whom you believe responsible and any witnesses including their contact information. Please use additional sheets of paper as necessary if additional space is required.

Have you filed a complaint with any other federal, state or local agencies? (Check one)

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If yes, please list agencies and contact information below:

Agency Name:					
Address:					
City:		State:		Zip:	
Phone:		Email:			
Website Address:					
Contact Person:					

Agency Name:					
Address:					
City:		State:		Zip:	
Phone:		Email:			
Website Address:					
Contact Person:					

Agency Name:					
Address:					
City:		State:		Zip:	
Phone:		Email:			
Website Address:					
Contact Person:					

I affirm that I have read the above charge and that it is true to the best of my knowledge.

_____/_____/_____
Complainant's Signature Date

Print or Type Name of Complainant

For Office use Only:	
Date Received:	
Received By:	