

# County of Rockland Department of Public Transportation Title VI Complaint Form

Rockland County's Department of Public Transportation is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color or national origin as protected by Title VI of the Civil Rights Act of 1964 ("Title VI"). If you feel that you have been discriminated against, please provide the following necessary information in order to facilitate the processing of your complaint. Once completed, return a signed and dated copy to:

**Title VI Coordinator  
Rockland County Department of Public Transportation  
50 Sanatorium Road, Building T  
Pomona, New York 10970**

*The following information is needed to assist in processing your complaint.*

## **Complainant's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

Accessible Format Requirements (Check all that apply)?

- Large Print
- Audio Tape
- TTY/TDD
- Other

## **Person Discriminated Against (if someone other than complainant)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

Accessible Format Requirements (Check all that apply)?

- Large Print
- Audio Tape
- TTY/TDD
- Other

**Which of the following best describes the reason you believe the discrimination took place?**

Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin \_\_\_\_\_

Other (please describe):

\_\_\_\_\_

**On what date(s) did the alleged discrimination take place?**

\_\_\_\_\_

**Describe as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. (if additional space is needed, add a sheet of paper).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List names and contact information (if known) of persons who may have knowledge of the alleged discrimination.**

\_\_\_\_\_  
\_\_\_\_\_

**Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.**

Federal Agency \_\_\_\_\_

Federal Court \_\_\_\_\_

State Agency \_\_\_\_\_

State Court \_\_\_\_\_

Local Agency \_\_\_\_\_

**If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number (Home): \_\_\_\_\_  
Telephone Number (Work): \_\_\_\_\_

**Name of agency, bus service or bus company this complaint is filed against:**

\_\_\_\_\_  
\_\_\_\_\_

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

Complainant Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**Attachments:** Yes \_\_\_\_\_ No \_\_\_\_\_

Once this form is received by the Rockland County Department of Public Transportation, it will be reviewed to determine whether the complaint constitutes a Title VI complaint and/or whether there is sufficient information for an investigation. The complainant will receive an acknowledgement letter informing him/her whether the complaint is covered under Title VI and/or if more information is needed for a Title VI investigation to take place. To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.