

TITLE VI COMPLAINT FORM

Ulster County Area Transit is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by the Title VI of the Civil Rights Act of 1964, as amended. The Title VI complaints must be filed within 180 days from the date of the alleged discrimination. Ulster County will review this claim and acknowledge receipt within 10 days and issue letters of finding to the Complainant and Respondent within 90 days from receipt of the complaint. UCAT will send progress reports every 30 days.

Date of Filing:		
Name (Complainant):	Phone:	
Address: (City, State, Zip code)		
Phone:	Email:	
Please indicate on what grounds you believe you have been discriminated against.		
Check all that apply. [] Race []	Color [] National Origin	
Date of Alleged Incident:		
Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.		
Why do you believe these events occurred?		
What other information do you think is relavent to the investigation?		

How can this/these issue(s) be resolved to your satisfacti	ion?
Please list below any person(s) we may contact for additional information to support or clarify your complaint. (witness, fellow employees, supervisors, others):	
If you have an attorney representing you concerning the matter raised in this complaint, please provide the following:	
Name:	Phone:
Address:	
Email:	
Signature:	Date: