



Niagara Frontier Transportation Authority  
*Serving Buffalo Niagara*

TITLE VI COMPLAINT FORM

## **Discrimination/Harassment Form**

(To be completed by EEO staff)

Received By: \_\_\_\_\_

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

Complaint Number: \_\_\_\_\_

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

Niagara Frontier Transportation Authority 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 based on race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964.

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call the NFTA Office of Equal Employment Opportunity and Diversity at (716) 855-7286. Once completed, return a signed and dated copy to:

NFTA  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY 181 EILLCOTT STREET  
BUFFALO, NY 14203  
*(Please Print or Type)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home/Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

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

\_\_\_\_\_

Are you filing discrimination or harassment?     No     Yes

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

If you are filing on behalf of someone else, please indicate whom this complaint is being filed for and your relationship to this individual:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable, please explain why you have filed a third-party complaint:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did the incident take place? \_\_\_\_\_

Date and Time of occurrence: \_\_\_\_\_

You are alleging discrimination or harassment on what basis? (Check all boxes below that apply)

Race  Color  National Origin  Retaliation  Age  Disability  Religion  
 Sexual Harassment  Hostile Work Environment  Work Procedures  
 Other \_\_\_\_\_

Indicate your race, color, or national origin if applicable to this complaint: \_\_\_\_\_

Describe the alleged incident(s) in detail and explain why you believe you were discriminated against. Describe all persons who were involved including any witnesses to the alleged harassment or discrimination: *(Please **print legibly** and use additional sheets of paper if necessary)*

---

---

---

---

---

---

---

---

List anyone who might be able to contribute additional information regarding this complaint

---

---

---

*\*You may attach any written materials or other information you think is relevant to your complaint (i.e. photos or recordings)*

Have you filed this complaint with an outside agency?  No  Yes

### **AFFIRMATION**

I hereby affirm that the information that I have provided in this Title VI complaint form is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

