

THE CITY OF WATERTOWN CitiBus DEPARTMENT

TITLE VI COMPLAINT FORM

The City of Watertown's CitiBus Department 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:

**Assistant to the City Manager
The City of Watertown
245 Washington Street, Suite 302
Watertown, NY 13601**

A person may also file a complaint directly with the U.S. Department of Transportation by contacting the Department at:

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

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

Complainant's Information:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Accessible Format Requirements (Check all that apply)

- Large Print Audio Tape
 TDD Other

Person Discriminated Against (if someone other than complainant)

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Accessible Format Requirements (Check all that apply)

- Large Print Audio Tape
 TDD Other

Which of the following best describes the reason you believe the discrimination took place? Please place a check mark in all that apply. You may submit your description privately to the Assistant to the City Manager in person, by phone at (315)785-7732, or by e-mail at: civilrights@watertown-ny.gov

- Race Color National Origin

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, please 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 a 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 the contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

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 City of Watertown, 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 calendar days following the date of the alleged discrimination. Failure to file within 180 calendar days may result in dismissal of the complaint. The City of Watertown's hours of operations are September thru May, 9am to 5pm, June-August, 8am to 4 pm.