



# Title VI and Related Nondiscrimination Laws Complaint Management Form

MTA and its subsidiary and affiliate agencies are committed to providing non-discriminatory service to ensure that no person is excluded from participation in, denied the benefits of, or subjected to discrimination in the receipt of any of the MTA's federally funded program or activity, including the services and other transit-related programs on the basis of race, color, national origin (including limited English proficiency (LEP) access), age, sex, religion, and/or disability.

If you feel that you have been discriminated against, please provide the necessary information below in order to facilitate the processing of your complaint. If assistance is required to complete this form, please refer to the last page to find contact phone numbers and mailing addresses for assistance.

Your complaint must be filed within 180 days of the alleged discrimination. Failure to file a complaint within 180 days will result in the dismissal of your complaint.

Please select the MTA Agency you wish to file this complaint against:  MTA Bus  MTA Construction and Development  MTA Headquarters  Long Island Rail Road  Metro-North Railroad  New York City Transit

<b>Official Use Only</b>	
Complaint No: _____	Investigator(s) Name: _____

**1. Complainant: (A complainant is the individual or group of individuals alleging discrimination)**

Complainant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone # (Primary): \_\_\_\_\_ (Secondary) \_\_\_\_\_  
E-mail: \_\_\_\_\_

Are you filing this complaint on behalf of yourself? Yes\_\_ No\_\_ If yes, go to #3.

**2. Name of Person who suffered alleged discrimination or unfair treatment: (If other than Complainant.)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone # (Primary): \_\_\_\_\_ (Secondary) \_\_\_\_\_ Email: \_\_\_\_\_

**3. Complaint Information:**

What is the basis of your discrimination complaint? (Check all that apply.)  
 Race  Color  National Origin  Age  Sex  Religion  Disability  Other \_\_\_\_\_

Incident Date (Month, Day, Year): \_\_\_\_\_ Incident Time: \_\_\_\_\_

Bus route/Bus number, Train line/ Train car number, or Subway Station:  
\_\_\_\_\_

Location: \_\_\_\_\_

Describe the alleged incident. Explain what happened, who was involved, and any identifying information of the person(s) you believe discriminated against you. (If more space is needed, attach additional sheets of paper or use the back of this form.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide contact information for any witnesses or persons with relevant information. (If more space is needed, attach additional sheets of paper or use the back of this form.)

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

Telephone # (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

**4. Complaint History (If you have filed this complaint with another agency, or filed previous complaints.)**

Have you filed a complaint for this alleged discrimination with another federal, state, or local agency, or with a federal or state court? (Check the appropriate space) Yes No If your answer is yes, check the appropriate agency.

Federal Agency

Federal Court

State Agency

State Court

Local or City Agency

Other

Please provide contact information for the agency you also filed the complaint with: \_\_\_\_\_  
\_\_\_\_\_

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

Have you filed a previous complaint with an MTA agency? (Check the appropriate space) Yes No

If your answer is yes, please provide the date, agency name, and complaint number(s).  
\_\_\_\_\_  
\_\_\_\_\_

If you need any special accommodations for future communication regarding this complaint, please specify which alternative format you require.

E-mail Braille Large Print (specify font size) Sign Language (specify language) \_\_\_\_\_

Language Interpreter (specific language) \_\_\_\_\_ Other \_\_\_\_\_

In addition to your right to file a complaint with the MTA, you have the right to file a Title VI complaint with the Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building 5<sup>th</sup> Floor-TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590. However, please be advised that if you file a complaint with any court or administrative agency such as the United States Equal Employment Opportunity Commission (EEOC), the New York State Division of Human Rights (NYSDHR), or any other external forum, the MTA will administratively close your case and refer the matter to the Agency's Law Department for handling.

I hereby affirm that the information contained herein is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**MTA Agencies' EEO/Diversity Offices**

<p>MTA Headquarters  Chief Diversity Officer  Department of Diversity and Civil Rights  2 Broadway, 16<sup>th</sup> Floor  New York, NY 10004  1-800-466-8577 EEO Hotline  (646) 252-1385</p>	<p>MTA Metro-North Railroad  Director  Office of Diversity and Equal Employment Opportunity  420 Lexington Avenue, 12<sup>th</sup> Floor  New York, NY 10170  (212) 340-3350, EEO Hotline</p>
<p>MTA New York City Transit  Vice President  Department of EEO &amp; Diversity  130 Livingston Street, 3<sup>rd</sup> Floor  Brooklyn, NY 11201  (718) 694-1730</p>	<p>MTA Long Island Rail Road  Director  Office of Diversity Management  Jamaica Station, 4<sup>th</sup> Floor  Mail Code #1141  Jamaica, NY 11435  (718) 558-8170</p>
<p>MTA Bus Company  Chief Equal Opportunity Officer  Office of Equal Employment Opportunity  2 Broadway, 30<sup>th</sup> Floor  New York, NY 10004  (646) 252-8545</p>	<p>MTA Construction &amp; Development  Chief Equal Opportunity Officer  Department of Diversity and Equal Opportunity  2 Broadway, 8<sup>th</sup> Floor  New York, NY 10004  Phone: (646) 252-4379</p>