



(To be completed by EEO staff)

Received By: _____

Date Received: _____

Complaint Number: _____

TITLE VI COMPLAINT FORM

MTA Bus Company (MTABC) 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.

If you feel that you have been discriminated against, please provide the following necessary information in order 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 MTABC Office of Equal Employment Opportunity (EEO) and Diversity at (646) 252-8545. Once completed, return a signed and dated copy to:

**MTA BUS COMPANY
CHIEF EEO OFFICER
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY
2 BROADWAY, ROOM D21.73
NEW YORK, NY 10004
(646) 252-8545**

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.

In addition to your right to file a complaint with MTABC, you have the right to file a Title VI complaint with the Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building 5th 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, MTABC Office of EEO and Diversity will administratively close your case and refer the matter to the MTABC's Law Department for handling.

(Please Print or Type)

First Name: _____ Last Name: _____

Home/Cell Number: _____ Work Number: _____

Email Address: _____

Home Address: _____

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? (Bus Number, Intersection, Bus Stop Location): _____

Date and Time of occurrence: _____

Indicate the employee's Badge Number: _____

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

- Race
- Color
- National Origin
- Retaliation

Other (Explain): _____

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)

**You may attach any written materials or other information you think is relevant to your complaint (i.e. a copy of or numbers on the MetroCard used on the day of the incident, photos or recordings)*

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

If yes, which agency have you filed this complaint with: _____

Have you previously filed a complaint with the MTA Bus Company EEO Office? No Yes

If yes, please explain: _____

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