

Title VI Notice to Beneficiaries

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance. The Federal Transit Administration requires the **City of Olean** to use nondiscriminatory practices in public transportation.

Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the City of Olean by using the Title VI Complaint Form which is available at the City of Olean Department of Community Development or at the City of Olean website, www.cityofolean.org.

If you believe you or others:

- have been discriminated against due to race, color, language barrier, or national origin
- have been excluded from participation in or denied the benefits
- have been subject to discrimination under any **OATS** transit service, program or activity

You have the right to register a Title VI complaint by writing to or calling:

**Keri Kerper, City of Olean, 101 East State Street, Olean, N.Y. 14760. Ph: 716-376-5647.
TTY: TDD 711. E-Mail: kkerper@cityofolean.org**

and/or

**NYS Department of Transportation Office of Civil Rights, 50 Wolf Rd. 6th Floor, Albany, NY 12232.
Ph: 518-457-1129 Fax: 518-549-1273**

Additionally, if you or others believe you have been discriminated against, a complaint may be filed directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention Title VI Program Coordinator, East Building, 5th Floor –TCR, 1200 New Jersey Avenue, SE Washington, DC, 20590

If information is needed in another language, contact Keri Kerper at 716-376-5647 and the language of choice will be accommodated.

Title VI Complaint Form

Complainant's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Person discriminated against (if someone other than complainant): _____

Which of the following best describes the reason you believe the discrimination took place:

_____ Race/color _____ National Origin

Incident Information:

Date: _____ Time: _____ Location: _____

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Use the back of this form if additional space is required.

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's signature: _____ Date: _____