Summit's Title VI Policy Summary and Complaint Form

Policy: The Summit Center ("Summit") operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964, which provides: "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Summit further assures every effort will be made to ensure nondiscrimination in all of its services, whether those programs and activities are federally funded or not.

Summit is committed to ensuring that no person is excluded from participating in or denied the benefits of its services on the basis of race, color, or national origin.

If you believe you or someone else have been subjected to discrimination under Title VI, you may file a complaint with The Corporate Compliance Officer using the attached form or you can call the Corporate Compliance Officer at: 716-629-3469.

If you experience retaliation or intimidation separate from the discrimination alleged please contact the Corporate Compliance Officer.

You may also file a complaint directly with the Office of Civil Rights.

This notice will be posted on The Summit Center Website.

Summit Complaint of Discrimination Form

Name of person filling	out form:	
Address:	City:	Zip:
Telephone:		
Name of person allege	edly discriminated against (if diffe	erent from person filling ou
Basis of Complaint: (C		
Race	National Origin	Color
Did the alleged discrim service receiving feder	nination involve a transit-related ral assistance?	program, benefit, activity, o
Yes	No	Not Sure
Who at Summit alleged	dly committed discriminated?	
Name/position/progran	n:	
Describe the alleged d	iscrimination	

Where did the alleged discriminat	tion occur?		
Date(s) and Time(s) alleged discr	imination occurred?		
Were there any witnesses? If, yes information	s, please provide name a	and telephone or o	ther contact
Have you filed your complaint with known):	h anyone else? (Who?	When? Complaint	number if
Do you have an attorney is this m	natter?Yes		No
If yes Name of attorney:			
Address:	City:	Zip:	_
Telephone:			
When did you retain the attorney?	?		
Signed:	Date:		

Mail to Summit Corporate Compliance Officer 150 Stahl Road, Getzville, NY 14068