

**The Summit Center
15 Stahl Road
Getzville NY 14068**

Summit's Title VI Policy Summary and Complaint Form

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 Summit Center's Corporate Compliance Officer at: 716-629-3400 x 3469.**

To obtain a complaint form you can visit our website at www.thesummitcenter.org, or contact our **Corporate Compliance office at 629-3400 x 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.
Federal Transit Administration,
Office of Civil Rights, Region VII
901 Locus Street, Suite 404
Kansas City, MO 64106

Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.

The form must be signed and dated and include your contact information.

If information is needed in another language, contact 716-629-3400

Summit Civil Rights Complaint Form

Name of person filling out form: _____

Address: _____ City: _____ Zip: _____

Telephone: _____

Name of person allegedly discriminated against (if different from person filling out form):

Do you have the permission of the person allegedly discriminated against to file this complaint or are you an authorized representative?

Yes _____ No _____

Basis of Complaint: (Check all that apply)

Race _____ National Origin _____ Color _____ Disability _____

Did the alleged discrimination involve a transit-related program, benefit, activity, or service receiving federal assistance?

Yes _____ No _____ Not Sure _____

Who at Summit allegedly committed discrimination?

Name/position/program: _____

Describe the alleged discrimination

Where did the alleged discrimination occur?

Date(s) and Time(s) alleged discrimination occurred?

Were there any witnesses? If, yes, please provide name and telephone or other contact information

Have you filed your complaint with anyone else? (Who? When? Complaint number if known):

Do you have an attorney in this matter? _____ Yes _____ No

If yes Name of attorney: _____

Address: _____ City: _____ Zip: _____

Telephone: _____

When did you retain the attorney? _____

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

Signed: _____ Date: _____

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