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

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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