150 Stahl Road; Getzville, New York 14068 • (716) 629-3400 • Fax: (716) 629-3497



**The Summit Center’s Title VI and ADA Policy Summary**

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 (Title VI) and without discrimination based on disability in accordance with the Americans with Disabilities Act of 1990 (ADA).

Title VI provides that “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.” ADA “prohibits discrimination against people with disabilities” and “guarantees that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities, purchase goods and services, and participate in state and local government programs.”

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, national origin, or disability.

If you believe you or someone else has been subjected to discrimination under Title VI or ADA, you may file a complaint with Summit’s Corporate Compliance Officer at (716) 629-3469.

To obtain a complaint form, you can visit Summit’s website at [www.thesummitcenter.org](http://www.thesummitcenter.org) or contact Summit’s Corporate Compliance Officer directly at the number listed above.

If you experience retaliation or intimidation separate from the discrimination alleged, please contact Summit’s Corporate Compliance Officer. You may also file a complaint directly with the Office of Civil Rights at the address:

Federal Transit Administration

Office of Civil Rights, Region VII

901 Locust Street, Suite 404

Kansas City, Missouri 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. Summit will respond to all allegations with a formal investigation within 30 days of received reports.

*The Summit Center Civil Rights Complaint Forms* must be signed, dated, and include the reporter’s contact information. If information is needed in another language, please contact (716) 629-3400.

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**The Summit Center Civil Rights Complaint Form**

*Please attach any additional documents, materials, or other information that may be relevant to this complaint*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Person Completing Form: | | | | | |
| Address: *Street* |  | *City* |  | *Zip* |  |
| Telephone Number: | | | | | |
| Name of Person Allegedly Discriminated Against (if different from above): | | | | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Type of Complaint:

|  |  |  |  |
| --- | --- | --- | --- |
| Title VI |  | ADA |  |

Basis of Complaint:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Race |  | Color |  | National Origin |  | Disability |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Who at The Summit Center allegedly committed discrimination (include name, position, department/program)?

Describe the alleged discrimination:

Where did the alleged discrimination occur?

Date(s) and Time(s) of alleged discrimination:

Were there any witnesses? If yes, please provide name(s), telephone number(s), or other available contact information:

Have you filed your complaint with anyone else? If yes, provide who you filed with and when. Provide complaint number(s) if known:

Do you have an attorney in this matter?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, provide the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Attorney: | | | | | |
| Address: *Street* |  | *City* |  | *Zip* |  |
| Telephone Number: | | | | | |
| Date Attorney Obtained: | | | | | |

Signature Date

Mail to:

The Summit Center Corporate Compliance Officer

75 Pineview Drive, Suite 200

Amherst, New York 14228