

Syracuse Metropolitan Transportation Council

Discrimination Complaint Form

Section 1

Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ E-mail address: _____

Section 2

Are you filing this complaint on your own behalf?

Yes No

If you answered "Yes" to this question, go to Section 3.

Name of person discriminated against
(if other than complainant) _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____

Section 3

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Describe how you were discriminated against. What happened, and who was responsible? If additional space is required, please use the back of this form or attach extra sheets to form.

Are there any witnesses to the discrimination? If so, please provide their contact information:

Section 4

Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

Yes

No

If you answered "Yes," check each agency complaint was filed with:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Other

Please provide contact information for the agencies you also filed the complaint with:

Name:

Title:

Agency:

Address:

Date Filed:

Sign and date the complaint form in the space below. Attach any documents you believe support your complaint.

Signature

Date

Please submit this form in person at the address below, or mail to:

Director
Syracuse Metropolitan Transportation Council
100 Clinton Square
126 North Salina Street, Suite 100
Syracuse, NY 13202

Additionally, this form may be submitted via electronic mail to director@smtcmpto.org