

Seneca Nation of Indians
Seneca Transit System

**Title VI
Notice to Beneficiaries**

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance. The Federal Transit Administration requires the Seneca Nation of Indians (SNI) Seneca Transit System (STS) to use nondiscriminatory practices in public transportation. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the STS by using the Title VI Complaint Form which is available at SNI Department of Transportation office or at the STS website, www.sni.org/sts.

If you believe you or others:

- have been discriminated against due to race, color, language barrier, or national origin
- have been excluded from participation in or denied the benefits
- have been subject to discrimination under any STS transit service, program or activity

For information of the STS's Title VI program or if you wish to exercise your right to register a Title VI complaint by writing to or calling:

Transit Manager
Department of Transportation
90 Ohi:Yo' Way
Salamanca, NY 14779
Website: www.sni.org/sts

W: 716-945-1790 x3068/x5018 | TDD: 711
M: 716.801.1468
F: 716.945.6487
E-Mail: sts@sni.org

Additionally, if you or others believe you have been discriminated against, you mail a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention Title VI Program Coordinator, East Building, 5th Floor –TCR, 1200 New Jersey Avenue, SE Washington, DC, 20590.

If information is needed in another language, contact the STS Transit Manager at 716-945-1790 x3068, 716-532-4900 x5018 or mobile: 716-801-1468 and the language of choice will be accommodated.

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**Title VI
Complaint Form**

Complainant's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Person discriminated against (if someone other than complainant): _____

Which of the following best describes the reason you believe the discrimination took place:

_____ Race/Color _____ National Origin

Incident Information:

Date: _____ Time: _____ Location: _____

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Use the back of this form if additional space is required.

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

Complainant's signature: _____ Date: _____