



Transportation Services Complaint Form

General Instructions for Completing the Application

Unless otherwise indicated, applicants are required to complete all fields as they appear in the application.

Part A: Complainant Contact Information

First name:		Last name:	
Address 1:			
Address 2:			
City, State, Zip Code			
Phone #:			
Email:			

Part B: Complaint

Name of the Entity/Individual against which this complaint is being filed:	
Location of incident:	
Address 1:	
Address 2:	
City, State, Zip Code	
Phone #:	

Part C: Complaint Details

Please place an "X" on the appropriate line(s). Select the phrase that best represents what occurred.

_____ **Discrimination**

- I received negative comments, racial slurs, other unwelcome remarks, or questions because of my:
 (Place an "X" next to all that apply)

Age	
Gender	
National Origin	
Race	
Religion	
Other	



2. I was denied equal access to: (Place an "X" next to all that apply)

Contracting Opportunities	
Information	
Programs	
Public Transportation	
Services	
Training	
Other	

because of my: (Place an "X" next to all that apply)

Age	
Disability	
Gender	
Limited English Proficiency	
National Origin	
Race	
Religion	
Other	

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

_____ **Harassment**

1. I was: (Place an "X" next to all that apply)

Harassed	
Subjected to unfair worksite policies and practices	
Subjected to unfair bidding practices	
Other	



2. I was sexually harassed because I: (Place an "X" next to all that apply)

Was subjected to unwelcome sexual advances and/or sexually charged comments	
Am/was exposed to sexually explicit pictures/posters posted in common and/or public areas	
Other	

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

_____ **ADA**

1. I could not access public transportation, a public facility, or public right of way because: (Place an "X" next to all that apply)

Physical barriers (e.g. improper ramps, lack of equipment or crossing aids, etc.)	
The bus did not have chair lifts or there was no bus-lowering mechanism	
The sidewalks, roadways, or public facility was not maintained to allow access	
The paratransit bus schedule does not accommodate my activities of daily living	
The bus routes do not sufficiently deviate from routes to accommodate me	
The vehicles, shelters, and/or other facilities are not accessible to me	





2. I could not participate in services, programs, and/or activities because: (Place an “X” next to all that apply)

Written information related to instructions, directions, or vital information was not available in my native language	
Translation services I requested were not made available to me for live or recorded events, presentations, or trainings	
I was denied an accommodation to enter a building, or to access a facility or room in the building	
There were no signs conspicuously posted notifying me of wheelchair accessibility	
Readers and/or interpreters for the blind and/or hearing impaired I requested were not provided to me	

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

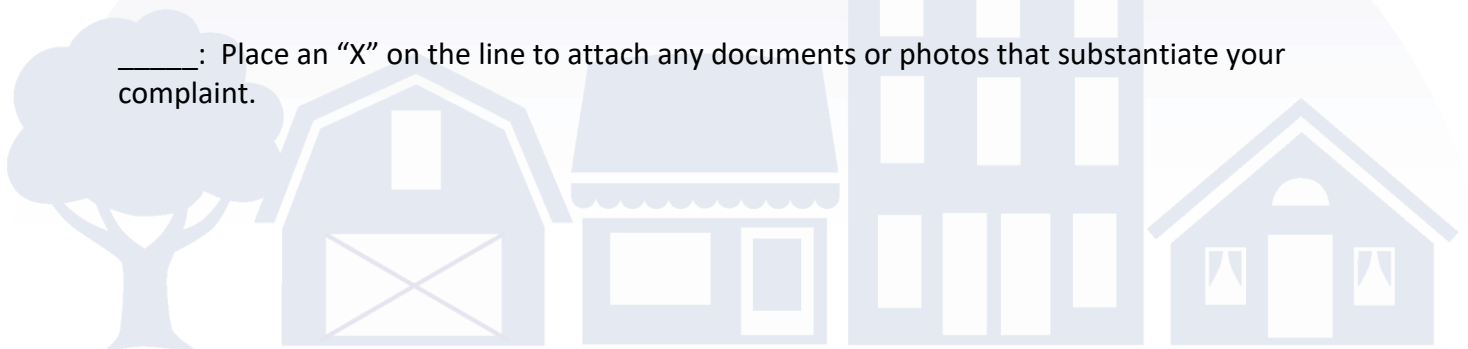
 Fraud

1. I witnessed a disadvantaged business enterprise (DBE), a minority or women owned business enterprise (M/WBE), or a service disabled veteran owned (SDVOB) firm not performing the contractual commercially useful function (CUF) on a NYSDOT contract.

The firm is: _____

Contractual services that were to be performed include: _____

_____: Place an “X” on the line to attach any documents or photos that substantiate your complaint.





2. I have not been paid promptly for the work I have performed as follows: (Place an “X” next to one)

I have not received any payments	
I have received some and/or partial payments	
I received full payments, but they are late	
I received partial payments and they are late	

3. My payment is _____ days late. Attach the following documentation to this complaint:

Place an “X” in the next box to attach the signed contract/agreement between your firm and the Prime Contractor that outlines the scope of services and payment or reimbursement schedules for services or supplies.	
Place an “X” in the next box to attach documentation to support that your firm fulfilled its obligations in the project, e.g. signed delivery slips, payroll reports, etc.	
Place an “X” in the next box to attach documentation or communications from the Prime Contractor regarding any payment issues or reasons why you have not been compensated.	
If you received partial payments, place an “X” in the next box to attach a listing of the payment dates and amounts received.	

4. My firm was negatively affected by a removal or substitution for an approved item of work for project: _____ (Project #) Location: _____

Attach the following documentation to this complaint:

Place an “X” in the next box to attach documentation to support the original scope of the project.	
Place an “X” in the next box to attach documentation or communications from the Prime Contractor regarding why your firm’s scope of work was being removed from the project or why your firm was being replaced with another firm.	

5. A Prime Contractor did not negotiate a bid with me/my firm in good faith.

Place an “X” in the next box to attach any documents or other information that substantiates your complaint.	
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In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.



Part D: Additional Information

1. Were there any witnesses to the action or inaction leading to your complaint? (Place an "X" in the box next to your response)

Yes	
No	
Unknown	

Please provide the name(s) and contact information for any witnesses, if any:

2. Was this complaint filed with another agency? (Place an "X" in the box next to your response)

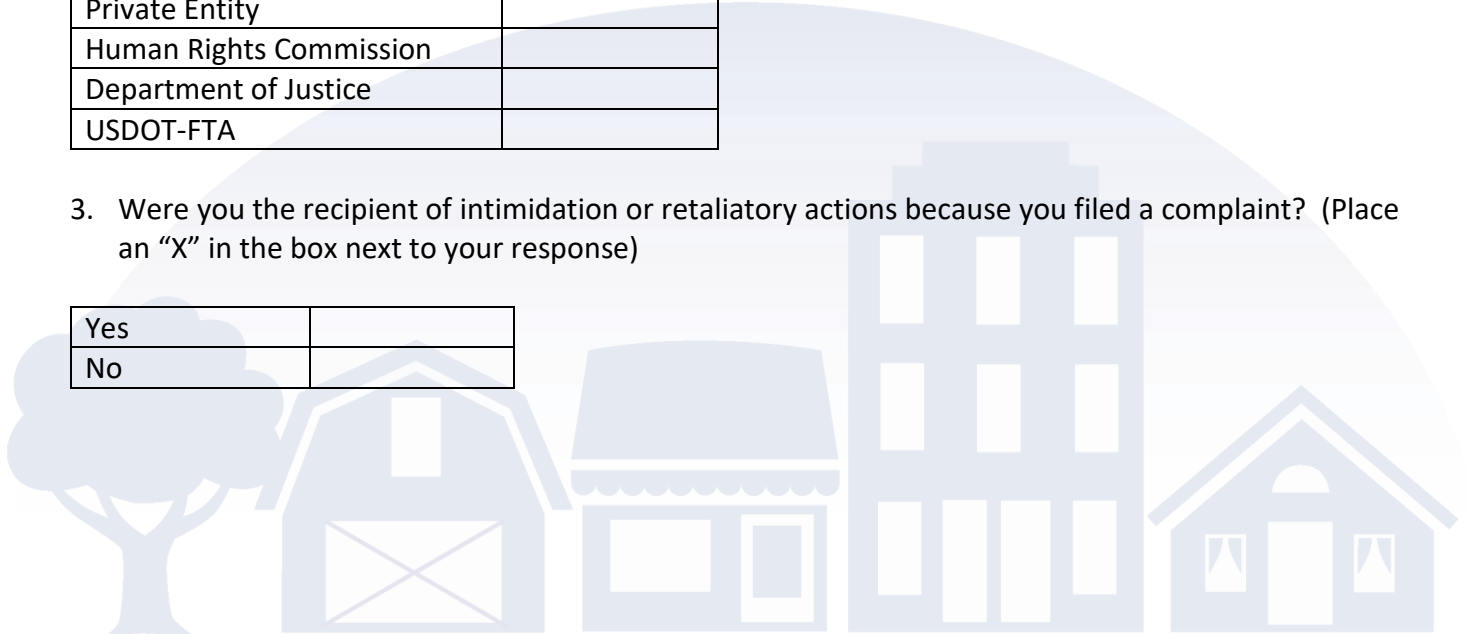
Yes	
No	

Filed with: (Place an "X" in the box next to your response)

Local Entity	
Private Entity	
Human Rights Commission	
Department of Justice	
USDOT-FTA	

3. Were you the recipient of intimidation or retaliatory actions because you filed a complaint? (Place an "X" in the box next to your response)

Yes	
No	





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Part E: Complaint Submission

Signature

Date

Completed forms may be submitted to:

Tioga Opportunities, Inc.
Attention: Director of Program Operations
9 Sheldon Guile Blvd.
Owego, NY 13827
Phone: 607-687-4120, ext. 313
Email: cshaver@tiogaopp.org

Or

NYS Department of Transportation
Office of Civil Rights
50 Wolf Road
Albany, NY 12232
Civilrights@dot.ny.gov

