

Title VI Complaint Procedure

The Complaint Procedure meets the requirements of the Civil Rights Act of 1964 and its amendments. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of race, color, or national origin in the provision of services, activities, programs, or benefits by the ***City of Syracuse***. Complaints regarding transit-related concerns are governed by special requirements from the FTA. If you are unsure about the appropriate office to address a complaint to or if you need assistance navigating procedures, complaints of any type can be filed with the New York State Human Rights Commission.

Should a citizen have a complaint about access to public services, they should complete the attached complaint form and submit it to the ***City of Syracuse*** Title VI Coordinator. The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant, location, date, and description of the problem. The attached form provides spaces for all necessary information

The complaint should be submitted by the complainant or their designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Bianca Tearney
City of Syracuse
233 E. Washington St. Rm 312
Syracuse, NY 13202

Within 30 calendar days after receipt of the complaint, the Title VI Coordinator or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, the Title VI Coordinator or their designee, in consultation with the **City of Syracuse's** Legal Office, will respond in writing. The response will explain the position of the Coordinator and other options for substantive resolution of the complaint.

If the response by the Title VI Coordinator or their designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 15 calendar days after receipt of the response to the **City of Syracuse**. The City's Title VI Appeals Committee. The appeal should take the form of a written letter describing the initial complaint, the initial response, and the ways in which the initial response does not satisfactorily address the complaint. The appeal should be sent to the same address the initial complaint was delivered to.

The Title VI Appeals Committee will consist of representatives from three departments not involved in the complaint. The departments will be chosen at random. The three representatives will choose one individual among them to serve as chair of the committee. The Legal Office will serve to advise the committee.

Within 30 calendar days after receipt of the appeal, the City of Syracuse Title VI Appeals Committee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the **City of Syracuse's** Title VI Appeals Committee will respond in writing.

Title VI of the 1964 Civil Rights Act
Discrimination Complaint Form

Instructions: Please fill out this form in black ink or type. Sign and return to the Address on the next page. Alternate means of filing a complaint, such as a personal interview or audio recording, will be made available upon request.

Home phone: _____ Mobile Phone: _____

Person Filing Complaint: (if _____
other than complainant)

Address: _____

City, State, & Zip: _____

Home phone: _____ Mobile Phone: _____

Agency Department/Departments you believe have discriminated.

Where did the alleged discrimination take place?

When did the alleged discrimination occur? (Date/Time)

Describe the acts of discrimination providing the name(s) where possible of the individuals who allegedly discriminated (if applicable) or services in violation of the 1964 Civil Rights Act or its amendments. Attach additional pages if necessary

Has the complaint been filed with another bureau of the Department Of Justice or any other Federal, State, or local civil rights agency or court?

Yes No

If yes what agency or court?

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Date Filed:

Do you intend to file with another agency or court?

Yes No

Agency or Court: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Signature _____

Date _____

Return To: Bianca Tearney 233 E. Washington St. Rm. 312 Syracuse, NY 13202