

Note: The formatting is a problem, so I am keeping in WORD until approval and then will convert to pdf before we put on website(s).

## The Belle Center Title VI Complaint Form

Instructions:	Unless otherwise indicated, applicants are required to complete all required fields as they appear in the application.
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### PART A: Complainant Contact Information

#### Complainant Contact Information:

First Name:	Last Name:	Title	
Address 1			
Address 2			
City	State	Zip	
email		Phone	

### PART B: Filing Complaint

This complaint should be directed to The Belle Center or Center Personnel. Direct to the Title VI Coordinator as per the complaint policy.

Location of Incident:	Phone

### PART C: Complaint Details

*Please place a check on the appropriate line(s). Select the phrase that best represents what occurred.*

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#### **DISCRIMINATION**

- i. I received negative comments, racial slurs, or other unwelcome remarks, or questions because of my: (Check all that apply)
- ii.

Age	
Gender	
National Origin	
Race	
Other	

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iii. I was denied equal access to: (check all that apply)

Contracting Opportunities	<input type="checkbox"/>
Information	<input type="checkbox"/>
Programs	<input type="checkbox"/>
Public Transportation	<input type="checkbox"/>
Services	<input type="checkbox"/>
Training	<input type="checkbox"/>
Other	<input type="checkbox"/>

because of my: (check all that apply)

Age	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Gender	<input type="checkbox"/>
Limited English Lang. Proficiency	<input type="checkbox"/>
National Origin	<input type="checkbox"/>
Race	<input type="checkbox"/>
Religion	<input type="checkbox"/>
Other	<input type="checkbox"/>

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 C: Complaint Details- continued

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#### **HARASSMENT**

i. I was: (check all that apply)

Harassed	<input type="checkbox"/>
Subjected to unfair worksite policies and practices	<input type="checkbox"/>
Subjected to unfair bidding practices	<input type="checkbox"/>
Other	<input type="checkbox"/>

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ii. I was sexually harassed because I: (check 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.

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.

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### **PART C: Complaint Details- continued**

☐ **ADA**

I could not access public transportation, a public facility, or public right of way because: (check all that apply)

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

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 E: Complaint Submission**

**Signature:**

**Date:**

**Based on The Belle Center's Complaint Policy, Completed forms may be submitted to:**

The Reception Desk, or US Post Office mail at The Belle Center, 104 Maryland Street, Buffalo, NY 14201. Alternatively you may email to the email address below.

Direct the Complaint packet to: Title VI Coordinator and Executive Director Lucy A. Candelario or [lcandelario@thebellecenter.org](mailto:lcandelario@thebellecenter.org)