

# SOFI

## Transportation

### *Title VI of the Civil Rights Act of 1964*

Title VI prohibits discrimination on the basis of race, color, or national origin in any program or activity that receives Federal funds or other Federal financial assistance. Programs that receive Federal funds cannot distinguish among individuals on the basis of race, color or national origin, either directly or indirectly, in the types, quantity, quality or timeliness of program services, aids or benefits that they provide or the manner in which they provide them. This prohibition applies to intentional discrimination as well as to procedures, criteria or methods of administration that appear neutral but have a discriminatory effect on individuals because of their race, color, or national origin. Policies and practices that have such an effect must be eliminated unless a recipient can show that they were necessary to achieve a legitimate nondiscriminatory objective. Even if there is such a reason the practice cannot continue if there are alternatives that would achieve the same objectives but that would exclude fewer minorities. Persons with limited English proficiency must be afforded a meaningful opportunity to participate in programs that receive Federal funds. Policies and practices may not deny or have the effect of denying persons with limited English proficiency equal access to Federally-funded programs for which such persons qualify.



#### Complainant

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Complainant Representative

*If the person signing the form is not the individual whose information is being disclosed, please indicate your relationship to that person: Personal Representative (please attach documentation, ie. Power of Attorney, Court Order, Health Care Proxy).*

Name of Representative (if applicable): \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

#### Complaint

Complaint is regarding:     Race             Ethnicity             National Origin

Date of Discrimination: \_\_\_\_\_

Description of complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed a complaint before against this agency: \_\_\_\_\_

When: \_\_\_\_\_

#### SOFI Transportation

Contact: Robin Casella

Fairport Baptist Homes Attn: Senior Options  
for Independence Transportation, 4646 Nine  
Mile Point Rd, Fairport NY, 14450

Telephone: (585) 388-2370

Email: rcasella@fbhcm.org