Title VI/Discrimination Complaint Form NYC Ferry

Name	
Address	
Telephone	
Email Address	
amended (Title VI), the and regulations prohibiti secure rights protected baddition, I understand the for NYC Ferry operated	
YES, NYC FERRY	OPERATED BY HORNBLOWER AND NYCEDC MAY DISCLOSE MY SSARY TO INVESTIGATE MY COMPLAINT.
Hornblower and NY the investigation for relevant to the investigation.	erstand the above information and authorize NYC Ferry operated by CEDC to disclose my identity to individuals as needed during the course of the purpose of verifying information or gathering facts and evidence tigation of my complaint. I authorize NYC Ferry operated by Hornblower eive, review and discuss materials and information about me relevant to the complaint.
I understand that I a	m not required to authorize this release and volunteer to do so.
Signature	Date
	PERATED BY HORNBLOWER AND NYCEDC MAY NOT DISCLOSE MY NECESSARY TO PROCESS MY COMPLAINT.
Hornblower or NYCl investigation. I unde	erstand the above information and do not want NYC Ferry operated by EDC to disclose my identity to any individual during the course of the rstand this choice could delay the investigation of my complain and may, in s, result in an administrative closure of the investigation of my complaint
Signature	

Title VI/Discrimination Complaint Form NYC Ferry

NYC Ferry is committed to providing non-discriminatory service and ensuring that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin (as protected by Title VI of the Civil Rights Act of 1964 (Title VI)) or any other category protected by federal, state, or City law. If you believe that you have been discriminated against, please complete, sign and date both this Title VI/Discrimination Complaint Form and the Consent/Release Form and return both via mail or email as noted below. Should you or someone you know require assistance in filling out this form or would like additional information about NYC Ferry's nondiscrimination policies, please contact NYC Ferry's Contact Center by email at help@ferry.nyc.

Once completed, return a signed and dated copy of this Title VI/Discrimination Complaint Form along with the Consent/Release Form to:

By mail:	By email:
NYC Ferry Operated by Hornblower Attn: 63 Flushing Ave, Building 5, suite 101, Brooklyn, NY 11205	EqualAccess@edc.nyc

To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.

In addition to your right to file a complaint with NYC Ferry, you have the right to file a Title VI complaint with the Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building, 5th Floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

SECTION 1:

Name:					
Address:					
Telephone:					
Email Address:					
Accessible Format Requirements?	☐ Large Print	☐ Scribe/Recording	□ TDD		
	☐ Translator (Specify Language):				
	☐ Other (Please Describe):				

Title VI/Discrimination Complaint Form NYC Ferry

SECTION 2:

Are you filing this complaint on your own behalf?	□ Yes* □ No			
	* If you answered "yes" to this question, go to Section 3.			
	If you answered "no" to this question:			
	Please supply the name and relationship of the person for whom you are complaining:			
	Name:			
	Relationship:			
	Please explain why you have filed for a third party:			
	Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			
	□ Yes □ No			



ADA Complaint & Release Form

SECTION 3:

I believe the discrimination I experienced was based on (check all that apply):						
□R	lace	☐ Color	☐ National Origin			
☐ Other Discrimination (please specify):						
Date of All	eged Disc	crimination (M	onth, Day, Year):			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.						
SECTION 4:						
Have you p	•	/ filed a Title \	/I or discrimination co	mplaint with	□ Yes	□ No



ADA Complaint & Release Form

SECTION 5:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
□ Yes* □ No				
* If yes, check all that apply:				
☐ Federal Agency:				
☐ Federal Court:				
☐ State Court:				
Please provide information about a contact complaint was filed.	t person at the agency / court wher	e the		
Name:				
Title:				
Agency / Court:				
Address:				
Telephone:				
ou may attach any written materials or other information that you think is relevant to your complaint.				
AFFIRMATION:				
I hereby affirm that the information that I have pairs true and correct to the best of my knowledge	•	complaint form		
Complainant Signature	Date			