



NYC Ferry Consent/Release Form

| | |
|----------------------|--|
| Name | |
| Address | |
| Telephone | |
| Email Address | |

As a complainant, I understand that I am protected by Title VI of the Civil Rights Act of 1964, as amended (Title VI), the Americans with Disabilities Act of 1990 (ADA), and any applicable statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the nondiscrimination compliance policies enforced by NYC Ferry. In addition, I understand that in the course of a Title VI or ADA investigation it may become necessary for NYC Ferry operated by Hornblower and/or New York City Economic Development Corporation (NYCEDC) to reveal my identity and certain details collected as part of the complaint investigation to various agencies or individuals.

Consent to Release Personal Information

YES, NYC FERRY OPERATED BY HORNBLOWER AND NYCEDC MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT.

I have read and understand the above information and authorize NYC Ferry operated by Hornblower and NYCEDC to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize NYC Ferry operated by Hornblower and NYCEDC to receive, review and discuss materials and information about me relevant to the investigation of my complaint.

I understand that I am not required to authorize this release and volunteer to do so.

Signature

Date

NO, NYC FERRY OPERATED BY HORNBLOWER AND NYCEDC MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT.

I have read and understand the above information and do not want NYC Ferry operated by Hornblower or NYCEDC to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the investigation of my complaint with NYC Ferry.

Signature

Date

**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 NYCEDC’s Equal Access Office at 212-312-3602 or at EqualAccess@edc.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: New York City Economic Development Corporation Attn: Equal Access Office One Liberty Plaza 165 Broadway, 14th Floor New York, NY 10006 | By email: 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? | <input type="checkbox"/> Large Print <input type="checkbox"/> Scribe/Recording <input type="checkbox"/> TDD <input type="checkbox"/> Translator (Specify Language): _____ <input type="checkbox"/> Other (Please Describe): _____ |

**Title VI/Discrimination Complaint Form
NYC Ferry**

SECTION 2:

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

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SECTION 3:

I believe the discrimination I experienced was based on (check all that apply):

- Race Color National Origin
 Other Discrimination (please specify): _____

Date of Alleged Discrimination (Month, 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 previously filed a Title VI or discrimination complaint with NYC Ferry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

**Title VI/Discrimination Complaint Form
NYC Ferry**

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 Agency: _____
 State Court: _____ Local Agency: _____

Please provide information about a contact person at the agency / court where the complaint was filed.

Name: _____

Title: _____

Agency / Court: _____

Address: _____

Telephone: _____

You 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 provided in this Title VI/discrimination complaint form is true and correct to the best of my knowledge.

Complainant Signature

Date