

**Bluebikes Title VI
Complaint Form**

SECTION 1

NAME: _____

ADDRESS: _____
(Street) (City) (State) (ZIP)

TELEPHONE NUMBER () - () - _____
(Home) (Work)

EMAIL: _____

Accessible Format Requirements?

Large Print Audio Tape

TDD Other

Bluebikes is committed to providing outstanding customer service in an equitable manner to all persons regardless of race, color, national origin, gender, religious beliefs, age, disability, sexual orientation or other protected class. **Bluebikes** does not tolerate unlawful discrimination.

In the **Bluebikes** complaint investigation process, we analyze the complainant's allegations for possible Title VI and related deficiencies. If deficiencies are identified inadequacies will be corrected within a predetermined timeframe.

SECTION 2

Are you filing this complaint on your own behalf?

Yes No

If you answered "yes" to this question, please go to Section III.

If "No", please supply the name and relationship of the person for whom you are complaining:

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

SECTION 3

What is the discrimination based on?

- | | | | |
|---|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> English Proficiency | <input type="checkbox"/> Sexuality | <input type="checkbox"/> Other |

Date of the alleged discrimination: _____

Location: _____

Agency or person that is believed to be responsible for alleged discrimination. Please include any additional identifying information including employee ID number:

On a separate piece of paper, please include details of the incident including: what occurred, whom you believe was responsible, and the names, addresses, phone numbers, and e-mail addresses of witnesses.

Section 4Have you previously filed a Title VI complaint with **Bluebikes**?Yes No

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?

Yes No If yes, please list the agencies/courts: _____

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

Name

Title:

Agency

Address:

Telephone Number:

Email:

Have you filed a lawsuit regarding this complaint?

Yes No If yes, please provide a copy of the complaint form.***NOTE: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.***

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

SIGNATURE: _____

PRINT OR TYPE NAME: _____

DATE: _____

[We cannot accept your complaint without a signature.] _____

Please mail your completed form to:**Bluebikes****P.O. Box 290565****Charlestown, MA 02129****Email: customerservice@bluebikes.com****Phone: 1-855-948-2929****www.bluebikes.com**