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?

☐ Race/Ethnicity ☐ National Origin ☐ Sex ☐ Disability

☐ Low Income ☐ English Proficiency ☐ Sexuality ☐ Other
KNOW YOUR RIGHTS.

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 4

Have 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