

Title VI Policy

RideWise Inc. is committed to ensuring that no person is excluded from, or denied the benefit of our travel training services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964, as amended.

Any person who believes that they have, individually, or as a member of any specific class of persons, been subjected to discrimination on basis of race, color or national origin, may file a complaint in writing to RideWise Inc.

To file a complaint, or for more information on RideWise Inc's obligation under Title VI write to:

RideWise Inc.
P.O. Box 6857
Bridgewater, NJ 08807

Travel training services provided by this agency are in whole or part funded through federal funds received through NJ TRANSIT and as an individual you also have the right to file your complaint under Title VI to the Federal Transit Administration.

Complaints may also be filed with the Federal Transit Administration in writing and may be addressed to:

TITLE VI PROGRAM COORDINATOR
EAST BUILDING, 5th FLOOR – TCR
U.S. DEPT. OF TRANSPORTATION, FEDERAL TRANSIT ADMINISTRATION
OFFICE OF CIVIL RIGHTS
1200 NEW JERSEY AVE, SE, WASHINGTON DC 20590

A complaint must be filed 180 days of the alleged discrimination.

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know. For complaints concerning the Transit Connect travel training program funded by Section 5310 (Senior and Persons with Disabilities), complete and return this form to:

RideWise Inc.

P.O. BOX 6857, Bridgewater, NJ 08807

Complaints may also be filed with the Federal Transit Administration in writing and may be addressed to:

**TITLE VI PROGRAM COORDINATOR
EAST BUILDING, 5th FLOOR – TCR
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1200 NEW JERSEY AVE, SE, WASHINGTON DC 20590**

A complaint must be filed 180 days of the alleged discrimination.

1. Complainants' Name _____

2. Address _____

3. City, State and Zip Code _____

4. Telephone Number (home) _____ (business) _____

5. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your: (check reason)

- a. Race/Color _____ c. Age _____
b. National Origin _____ d. Disability _____

7. What date did the alleged discrimination take place and the location? Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

8. 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

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

Name _____

Address _____

City, State, and Zip Code _____

Telephone Number _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature Date