

The Kings Bay Y operates its programs and services without regard to race, color, and national origin, in accordance with Title VI of the Civil Rights Act of 1964. Kings Bay Y also operates its programs and services to accommodate persons with disabilities under the Americans with Disabilities Act of 1990. Any person who believes they are subject to discrimination based on race, color, national origin or disability may file a complaint with Kings Bay Y.

For information on Kings Bay Y's Title VI policy or to obtain the Title VI complaint form and procedures visit our website at www.kingsbayy.org. Or contact:

Title VI Coordinator
Kings Bay Y
3495 Nostrand Avenue,
Brooklyn, NY 11229
(718) 648-7703 ext 229
info@kingsbayy.org

A complainant may also file a complaint directly with New York State Department of Transportation on its Civil Rights website at <https://www.dot.ny.gov/main/business-center/civil-rights/title-vi-ej>.

A complaint can also be filed directly with the Federal Transit Administration Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590

For information in another language, please contact the Title VI Coordinator.

Russian - Если вам нужна информация на русском языке, позвоните по этому номеру (718)-648-7703 ext 0

如需中文信息，請致電 (718)-648-7703 分機 0 联系。

如需粵語資訊，請致電 (718)-648-7703 內線 0 查詢。

Якщо вам потрібна інформація українською мовою, будь ласка, звертайтеся за номером (718)-648-7703, додаток 0.

Kings Bay Y Title VI and ADA Complaint Form

Section I:				
Your Name:				
Address:				
Telephone (Home):			Telephone (Work/Mobile):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
<i>*If you answered "yes" to this question, go to Section III.</i>				
If not, 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 III:				
I believe the discrimination I experienced was based on (check all that apply):				
☐ Race ☐ Color ☐ National Origin ☐ Disability				
Date of Alleged Discrimination (Month, Day, Year): _____				
Agency name complaint is against: _____				
Location of where the alleged discrimination occurred:- _____				
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 attach additional pages.				

Section IV	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ Yes ☐ No <i>If yes, check all that apply:</i> ☐ Federal Agency: _____ ☐ Federal Court: _____ ☐ State Agency: _____ ☐ State Court: _____ ☐ Local Agency: _____	
Provide information for the contact person at the agency/court where the complaint was filed.	
Name and Title:	

Agency:	
Address:	
Telephone:	

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

Signature and date required below.

Signature

Date

Please submit this form by mail, email or in person to the address below.

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 Brooklyn, NY 11229
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 info@kingsbayy.org

This complaint may also be filed directly with the New York State Department of Transportation, Office of Civil Rights, 50 Wolf Road, 6th Floor, Albany, NY 12232, (518) 457-1129 Fax (518) 549-1273, OCR-TitleVI@dot.ny.gov or the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.