



Hudson Transit Lines, Inc.
Customer Service
66 Tetz Road, Chester, NY 10918
845-610-2642 • visit www.shortlinebus.com

TITLE VI COMPLAINT POLICY

Any person who believes he/she has been discriminated against on the basis of race, color, or national origin by **Hudson Transit Lines, Inc. (“HTL”)** may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint form to the address indicated on the form. Complaints must be filed no more than 180 days from the date(s) of the alleged incident.

Once the complaint form is received by **HTL’s Customer Service department**, it will be reviewed to determine whether the complaint constitutes a Title VI complaint and/or whether there is sufficient information for an investigation. The complainant will receive an acknowledgement letter informing him/her whether the complaint is covered under Title VI and/or if more information is needed for a Title VI investigation to take place. In the event more information is needed, **Customer Service** will contact the complainant, and the complainant shall be given a reasonable amount of time to provide the requested information. If the information is not received, **HTL** may administratively close the case. A case can be administratively closed if a complainant fails to cooperate with the investigation or indicates he/she no longer wishes to pursue his/her case.

The **HTL Customer Service department** will investigate Title VI complaints for which it has sufficient information. After the investigation is completed, the complainant will be issued one of two letters: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations, and states that a Title VI violation could not be established and that the case will be closed. An LOF summarizes the allegations regarding the alleged incident, and explains whether any type of corrective action was recommended. If the complainant wishes to appeal the decision, he/she has ten (10) business days from the date of the closure letter or LOF to make the request to the Coach USA legal department, and must include any reason(s) why such appeal should be granted.

A person may also file a complaint directly with the U.S. Department of Transportation by contacting the Department at: U.S. Department of Transportation, Federal Transit Administration’s Office of Civil Rights: Complaint Team, East Building 5th Floor – TCR, 1200 New Jersey Ave. SE, Washington, DC 20590.



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TITLE VI COMPLAINT FORM

Hudson Transit Lines, Inc. ("HTL") is committed to providing non-discriminatory service to ensure 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").

If you feel that you have been discriminated against, please provide the following necessary information in order to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have any questions, please do not hesitate to call Customer Service at 845-610-2642. Once completed, return a signed and dated copy to:

**Hudson Transit Lines, Inc. / Customer Service
66 Tetz Road, Chester, NY 10918**

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 the dismissal of the complaint.

FOR HTL OFFICE USE ONLY:

Complaint No.: _____

Section I: Complainant Information (please print)

Name: _____ Email: _____

Address: _____ Gender: _____ Race: _____

Telephone (Home): _____

Telephone (Work): _____

Accessible Format Requirement:

Large Print Audio Tape

TDD Other (specify): _____

Section II: Person Discriminated (other than Complainant)

Are you filing this complaint on your own behalf? Yes (if Yes, go to Section III) No

If not, please supply the name and relationship of the person for who you are filing the complaint:

Name: _____ Relationship: _____

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 their behalf: Yes No

Section III: Complaint Information

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

Race Color National Origin

Date of the alleged discrimination (month, day, year): _____ Time: _____

Location: _____

Section III: Complaint Information (continued)

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.

NOTE: *If more space is needed, attach additional sheets of paper. You may attach any written materials or other information you think is relevant to your complaint.*

Have you previously filed a Title VI complaint with this agency? Yes No

If yes, please explain: _____

Have you filed this complaint with any other federal, state, local agency, or within any federal or state court? Yes No

If yes, please 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: _____

Address: _____

Telephone: _____

In addition to your right to file a complaint with HTL, 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. However, please be advised that if you file a complaint with any court or administrative agency, such as the United States Equal Employment Opportunity Commission (“EEOC”), the New York State Division of Human Rights (“NYSDHR”), or any other external forum, Hudson Transit Lines, Inc. (“HTL”) will administratively close your case and refer the matter to the HTL’s Law Department for handling.

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

Complainant’s Signature: _____ Date: _____