THE SAN FRANCISCO BAY AREA
WATER EMERGENCY TRANSPORTATION AUTHORITY

TITLE VI COMPLAINT PROCEDURES

Title VI Policy Statement
The Water Emergency Transportation Authority (WETA) grants all citizens equal access to its transportation services, provided under the name San Francisco Bay Ferry. WETA is committed to a policy of nondiscrimination in the conduct of its business, including its responsibilities under Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d) which provides that no person shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under its program of ferry service.

Title VI Complaint Procedures
If you believe that you have received discriminatory treatment based on race, color or national origin, you have the right to file a Title VI complaint with WETA. Federal and State laws require complaints to be filed within one hundred and eighty (180) calendar days of the last alleged incident. You may download a complaint form by clicking here or by visiting www.sanfranciscobayferry.com. You may also call WETA at the number listed below and request that a Title VI Complaint Form be mailed to you or you can submit a written statement that contains all of the information listed below. If you are unable to write a complaint or need assistance submitting a complaint, please call (415) 291-3377 for assistance. Complaints may be mailed, faxed, personally delivered or emailed to:

Title VI Complaints c/o
WETA
Pier 9, Suite 111, The Embarcadero
San Francisco, CA 94111
Phone: (415) 291-3377
Fax: (415) 291-3388
Email: customerservice@sanfranciscobayferry.com

All complaints must include the following information:

1. Complainant’s name, address and contact number.
2. The basis of the complaint (e.g. race, color or national origin).
3. The date(s) on which the alleged discriminatory event occurred.
4. The nature of the incident that led the complainant to believe discrimination was a factor.
5. Names, addresses and contact numbers of persons who may have knowledge of the event.
6. Other agencies or courts where complaint may have been filed and a contact name.
Complaints may also be filed with the Federal Transit Administration’s Office of Civil Rights:

FTA Office of Civil Rights  
Attention: Title VI Program Coordinator  
East Building, 5th Floor--TCR  
1200 New Jersey Ave. SE  
Washington, DC 20590  
Telephone: 816-329-3770  
www.fta.dot.gov

Investigation Procedures:
WETA will review and investigate all Title VI complaints. Reasonable measures will be undertaken to preserve any information that is confidential. The investigation may include a review of all relevant documents, practices and procedures as well as discussion(s) of the complaint with all affected parties to determine the nature of the problem. The investigation will be conducted and generally completed within sixty (60) days of receipt of a formal complaint.

Based upon the information received, an investigation report will be prepared. The complainant will receive a letter stating the final decision by the end of the investigation.

In order to be accepted, a complaint must meet the following criteria:
   a. The complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant.
   b. The allegation(s) must involve a program or activity that receives Federal financial assistance.

A complaint may be recommended for dismissal for the following reasons:
   a. The complainant requests withdrawal of the complaint.
   b. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
   c. The complainant cannot be located after reasonable attempts.

If no violation is found and the complainant wishes to appeal the decision, he or she may appeal directly to the United States Department of Transportation, FTA Office of Civil Rights.

WETA shall maintain a log of Title VI complaints received which shall include the date the complaint was filed, a summary of the allegations, the status of the complaint and actions taken by WETA in response to the complaint.
Title VI Complaint Form  
Water Emergency Transportation Authority

The San Francisco Bay Area Water Emergency Transportation Authority (WETA) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within one hundred and eighty (180) calendar days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (415) 291-3377. The completed form must be returned to WETA Title VI Coordinator, Pier 9, Suite 111, The Embarcadero, San Francisco CA 94111.

<table>
<thead>
<tr>
<th>Your Name:</th>
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<tbody>
<tr>
<td>Street Address:</td>
<td>Alt Phone:</td>
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<td>City, State &amp; Zip Code:</td>
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Person(s) discriminated against (if someone other than Complainant):

Name(s):

Street Address, City, State & Zip Code:

Which of the following best describes the reason for the alleged discrimination took place?

- Race ________
- Color ________
- National Origin (Limited English Proficiency) ________

Date of Incident: ________________________________

Please describe the alleged discrimination incident. Provide the names and title of all employees involved, if available. Explain what happened and whom you believe was responsible. Please use the next page, or the back of this form, if additional space is required.

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Title VI Complaint Form
Water Emergency Transportation Authority

Please describe the alleged discrimination incident (continued):
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Have you filed a complaint with any other federal, state or local agencies? Yes _______ No _______
If so, list agency/agencies and contact information below:

Agency: ____________________________  Contact Name: ____________________________
Street Address, City, State & Zip Code:  Phone: ____________________________
________________________________________________________________________________
Agency: ____________________________  Contact Name: ____________________________
Street Address, City, State & Zip Code:  Phone: ____________________________
________________________________________________________________________________

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

Complainants Signature: ____________________________  Date: ____________________________
Print Name of Complainant: ____________________________

Date Received: ____________________________
Received By: ____________________________