

CIVIL RIGHTS COMPLAINT FORM – ADA and Title VI

The Port Authority of New York & New Jersey is committed to ensuring that no person is excluded from participation in, denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of:

- Disability as protected by Title II of the Americans with Disabilities Act of 1990 (ADA), as amended, and Section 504 of the Rehabilitation Act of 1973.
- Race, color, national origin, sex, age or creed as protected by Title VI of the Civil Rights Act of 1964 ("Title VI") and related laws and regulations.

If you believe you have been discriminated against on the basis of disability, race, color, national origin, sex, age or creed, please complete this form and return it via mail or email to the addresses noted below.

Should you or someone you know require assistance in filling out this form, assistance is available upon request. Please call: (201) 395-3225 or write to the address noted below.

El Formulario de Querrela de Discriminación está disponible en español. Si desea el formulario en español por favor solicítelo por correo electrónico o por carta dirigida a la siguiente dirección:

您可索取中文的歧視投訴表格。
請發送電子郵件或寫信到以下地址尋求協助。

The Port Authority of New York & New Jersey
Office of Diversity & Inclusion
2 Montgomery Street, 2nd Floor
Jersey City, NJ 07302
(201) 395-3225

ADA@panynj.gov

Title6@panynj.gov

Complaints must be filed within 180 days following the date of the alleged act of discrimination. Complaints received later than 180 days may be dismissed as untimely.

1.)	Name:	
	Street Address:	
	City, State, Zip Code:	
	Telephone No.:	
	E-mail address:	

2.) Describe the alleged discrimination. Use additional sheets if necessary.	
Who do you believe discriminated against you (First & Last Name)?	
Date of alleged discrimination:	
Location of where the alleged discrimination took place:	

4.) Names of persons (witnesses or others) whom we may contact for additional information to support or clarify your complaint.	
#1 Name:	
Street Address:	
City, State, Zip Code:	
Phone Number:	
E-mail address:	
#2 Name:	
Street Address:	
City, State, Zip Code:	
Phone Number:	
E-mail address:	

5.) Have you discussed the complaint with a Port Authority representative at any Port Authority facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide the name of the rep and the date of discussion:	
6.) Have you filed this complaint with another federal, state, or local agency or with a federal or state court?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when and to whom did you file the complaint:	

I certify that to the best of my knowledge, the information I have provided is accurate and the events and circumstances are as I have described them.

COMPLAINANT'S SIGNATURE

DATE

Complainants should be aware that in the course of a complaint investigation, it may become necessary for the Port Authority to reveal the complainant's identity to persons at the Port Authority and other persons involved in the complaint and/or the investigation. In addition, the Port Authority is also obligated to respond to public records access requests, which may include requests for details of complaint investigations(for more information, see <https://www.panynj.gov/corporate/en/public-record-access.html>).