Family Health Centers at NYU Langone – Services for Older Adults complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, age, disability or sex. The applicable Federal civil rights laws include but are not limited to Title VI of the Civil Rights Act of 1964 (Title VI); Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; Americans with Disabilities Act (ADA); and Section 1557 of the Affordable Care Act.

To request additional information, or if you believe you were subject to discrimination and would like to submit a complaint, you may contact:

Transportation Supervisor at 347-377-5463

Director of Services for Older Adults at 718-630-7588

Patient Relations Department - Family Health Centers at NYU Langone - 718-630-8737

Civil rights or ADA complaints related to the Family Health Centers’ provision of transportation services may also be filed directly with:

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
Services for Older Adults, Transportation Program
Title VI Complaint Form

Name: ________________________________________________________________

Address: _____________________________________________________________
City __________________ Zip ______________

Telephone: Home __________________ Work__________________ Cell ____________

Basis of Complaint: (please check) Program: (please check)
□ Race □ Seniors in Touch
□ Color □ Older Adult Centers:
□ National Origin □ Shore Hill Older Adult Center
□ Sex/Gender □ Sunset Park Older Adult Center
□ Age
□ Disability

Date/Time of incident: ________________________________________________

Name of staff member involved: ______________________________________

Please briefly describe the alleged discrimination:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Signed ___________________________________________ Date* ____________

Deliver the completed complaint form to any of the respondents below:

Director of Services for Older Adults
9000 Shore Road, West Building
Brooklyn, NY 11209

New York State Dept of Transportation
Office of Civil Rights
Attn: Title VI Program Coordinator
50 Wolf Road
Albany, NY 12232

Federal Transportation Administration
Office of Civil Rights
Attn: Title VI Program Coordinator
East Building, 5th Floor – TCR
1200 New Jersey Ave SE
Washington, DC 20590

*Please note that the respondent has 180 days from this date to reply to the complaint.