

Civil Rights Complaint Form

The Utah Transit Authority (UTA) is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, denied the benefits of, or subjected to discrimination in the receipt of its services. If you feel that you have been discriminated against on the basis of a protected status as listed below, please provide the following necessary information in order to facilitate the processing of your complaint. Please submit your complaint to UTA Customer Service by completing this form. If requested, you will receive a response within 20 business days if you've provided sufficient contact information. For an alternative format to submit your Civil Rights complaint, please contact Amanda Salmon, UTA's ADA Compliance Officer, at (801) 287-3536 or asalmon@rideuta.com. Once completed, return form to:

UTA Civil Rights Department 669 West 200 South Salt Lake City, UT 84101

This procedure is intended to satisfy UTA's obligation under the Americans with Disabilities Act and Title VI of the Civil Rights Act of 1964 and applies to anyone alleging discrimination *on the basis of protected class status* in UTA's provision of its services, activities, programs or benefits. This process is designed to provide you with the opportunity to quickly and effectively resolve any issue(s) as it relates to your civil rights and UTA. Your complaint will be investigated in accordance with UTA's complaint procedure.

Type of Civil Rights complaint:								
0	Race	0	Disability		0	Age		
0	Color	0	Gender		0	Sexual Orientation		
0	National Origin	0	Religion		0	Gender Identity		
	ote: If your complaint does not n A Customer Service at (801) 743-				-	-	se contact	
Ar	e you filing this complaint on	you	ır own behalf?	0	Yes	O No		
lf ı	no, why have you filed for a th	ird	party?					
W	hat is your relationship to the	pe	rson for whom y	ou are f	iling the	complaint?		
Please confirm you have permission to submit complaint on behalf of a third-party. O Yes O No								
Se	ervice Details							
Da	te of Occurrence:		Time o	of Occurr	ence: _			
Route Number:		Board	Boarding Location:					
Dii	rection of Travel:		Destin	ation: _				
Vehicle Number:			Driver	's Name	:			
Dr	iver's Badge Number:							



Please tell us why you are writing to us today

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved including the names and contact information of any witnesses and of those you believe discriminated against you. You may attach any written materials or other information								
relevant to your complaint.								
· 								
Your Contact Information								
First Name: Last N	Name: Last Name:							
Address:								
Address:								
City:								
Phone:	Email:							
UTA staff would like to reach out to you regarding contacted by a member of UTA staff if we have	ng your concerns. Would you be willing to be							
 Yes, I would answer follow-up questions 	O No, I do not want to be contacted							
Would you like UTA to contact you once our inv	estigation is complete?							
 Yes, I would like a response 	O No, I do not require a response							
I have read the statement above and affirm that information and belief.	t it is true to the best of my knowledge,							
Complainant's Signature	 Date							