



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

Civil Rights Appeal Form

UTA is committed to ensuring no person is excluded from participation in or denied the benefits of its services on the basis of race, color, national origin or disability. In accordance with The Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, the Rehabilitation Act of 1973, and the Civil Rights Act of 1964.

If you have filed a complaint alleging a violation of the Americans with Disabilities Act, Title VI of the Civil Rights Act of 1963, or other actions that relate to your Civil Rights and are dissatisfied with the results of the investigation into your complaint, this form will begin the process to appeal the decision. This form must be submitted within 30 calendar days after you have received a response from UTA regarding the conclusion of the investigation. Once completed, return form to: UTA Civil Rights Department 669 West 200 South Salt Lake City, UT 84101 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.

Type of Civil Rights complaint:

Race

Color

National Origin

Disability

**Note: If your complaint does not relate to discrimination on the basis of one of the items above, please contact UTA Customer Service at (801) 743-3882 or rideuta@rideuta.com to issue your complaint.*

Are you filing this complaint on your own behalf? Yes No

If no, why have you filed for a third party? [Click or tap here to enter text.](#)

What is your relationship to the person for whom you are filing the complaint? [Click or tap here to enter text.](#)

Service Details

<u>Date of Occurrence:</u>		<u>Time of Occurrence:</u>	
<u>Route Number:</u>		<u>Boarding Location:</u>	
<u>Direction of Travel:</u>		<u>Destination:</u>	
<u>Vehicle Number:</u>		<u>Driver Name:</u>	

Driver Badge Number:	
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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.

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Your Contact Information

First Name:		Last Name:	
Address			
City:		State:	Zip:
Phone:		Email:	

UTA staff would like to reach out to you regarding your concerns. Would you be willing to be contacted by a member of UTA staff if we have further questions?

- Yes, I would answer follow-up questions. No, I do not want to be contacted.

Would you like UTA to contact you once our investigation is complete?

- Yes, I would like a response No, I do not require a response

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

- I agree Date: