



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

Civil Rights Complaint 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.

Title VI of the Civil Rights Act of 1964 states, “No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Transportation.”

Any person who believes they have experienced or witnessed unlawful discrimination on the basis of disability, race, color or national origin, please complete the form below, or contact UTA Customer Service at 801-743-3882. For an alternative format to report your complaint, please contact Amanda Salmon, UTA's ADA Compliance Officer, at (801) 287-3536 or asalmon@rideuta.com.

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. Your complaint will be investigated in accordance with UTA's complaint procedure.

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: