



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

## 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 Cherissa Alldredge, UTA's ADA Compliance Officer, at (801) 287-3536 or [calldredge@rideuta.com](mailto:calldredge@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:

- |                                       |                                  |  |
|---------------------------------------|----------------------------------|--|
| <input type="radio"/> Race            | <input type="radio"/> Disability | <input type="radio"/> Age                |
| <input type="radio"/> Color           | <input type="radio"/> Gender     | <input type="radio"/> Sexual Orientation |
| <input type="radio"/> National Origin | <input type="radio"/> Religion   | <input type="radio"/> Gender Identity    |

*\*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](mailto: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? \_\_\_\_\_

What is your relationship to the person for whom you are filing the complaint? \_\_\_\_\_

Please confirm you have permission to submit complaint on behalf of a third-party.       Yes       No

### Service Details

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Route Number: \_\_\_\_\_ Boarding Location: \_\_\_\_\_

Direction of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Driver's Name: \_\_\_\_\_

Driver'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.

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**Your Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date