

## PARK CITY MUNICIPAL CORPORATION TRANSPORTATION DEPARTMENT CIVIL RIGHTS COMPLAINT FORM

Park City Transit (PCT) is committed to ensuring that no person is excluded from participation in or denied the benefits of its transit services or programs on the basis of race, color, religion, national origin, gender, gender identity, age, physical or mental disability, veteran, and/or other protected class as afforded by Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program. Any person who believes she, he, or they have, individually, or as a member of any specific class of persons, been subjected to discrimination may file a complaint with PCT.

Please mail or email your completed form to:

Park City Transit Title VI Program Administrator P. O. Box 1480 Park City, Utah 84114-1520 PCTcompliance@parkcity.org

A complainant may also file a complaint directly with the Federal Transit Administration by email at <u>FTACivilRightsCommunications@dot.gov or</u> by mail at the following address: Federal Transit Administration, Office of Civil Rights Attention: Complaint Team, East Building, 5th Floor-TCR 1200 New Jersey Ave. SE Washington, DC 20590

This information is available in alternative formats and languages, free of charge, upon request. If you have questions about how to prepare a complaint using this form, please contact Park City Transit at **(435) 615-5301** Monday thru Friday 8:00am to 5:00pm. After hours leave a message at **(435) 615-5350.** 

**Note:** Apart from the form, *on separate pages*, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from the contractor, consultant, or transit provider.

**Important:** We cannot accept your complaint without a signature, so please sign on the last page of the form after printing.

More information about rural public transit-related civil rights requirements may be found on the UDOT Rural Transit website: <u>https://udot.utah.gov/connect/business/public-entities/rural-public-transit-team/</u>.



Section I:							
I believe that I have been (or someone else has been) discriminated against on the basis of (check all that apply):							
□ Race □ Color □ National Origin □ Disability □ Not Applicable □ Other (Please specify)							
Date of Alleged Discrimination (Month/Day/Year):							
I believe the following entity is the subject of this complaint:							
Contractor Consultant Park City Municipal Corporation Park City Transit UDOT Rural Public Transit							
I believe that a contractor, consultant, PCMC, PCT, or UDOT has failed to comply with the following program							
requirements:							
	External Equal Employment Opportunity						
Not Applicable	□ Other (Please specify)						
<b>On separate pages</b> , please describe your complaint. Explain as clearly as possible what happened and why you							
believe you were discriminated against. Describe all persons who were involved. Include the name and contact							
information of the person(s) who discriminated against you (if known) as well as names and contact information of							
any witnesses. You should include spec	cific details such as	names, dates, time	s, route nu	mbers,	witnesses, and any		
other information that would assist us	in our investigation	n of your allegation	s. Please al	so provi	de any other		
documentation that is relevant to this	complaint, includin	g any related corre	spondence	•			
Section II:							
Name:							
Street Address:							
City:		State: Zip Co		de:			
Telephone (Home):	elephone (Home): Telephone (Cell):						
E-Mail Address:							
		□ Large Print □		🗆 Auc	Audio Recording		
Accessible Format Requirements?		□ TDD/TTY		□ Not	□ Not Applicable		
		□ Other (Please describe):					
Section III:							
	un hahalf?		□ Yes*		□ No		
Are you filing this complaint on your or							
*If you answered "yes" to this question							
If not, please supply the name and rela	•						
person for whom you are complaining.							
Diseas surplain when so have filed for a	the inclusion of the second						
Please explain why you have filed for a							
Please confirm that you have obtained the permission of t		he aggrieved 🛛 🖓 Yes		es	🗆 No		
party if you are filing on behalf of a third party.							
Section IV:							
Have you previously filed a Discrimination Complaint with		PCMC, PCT, or	🗆 Ye	es	□ No		
UDOT?							
If yes, please provide any case reference information regarding your previous complaint.							

Have you filed this complaint with any other Federal, State, or local (transit) agency, or with any Federal or State						
court? 🗆 Yes 🗆 No						
If yes, check all that apply:						
Federal Agency State Agency	gency					
□ Federal Court □ Local Ag	□ Local Agency					
□ State Court □ Other:	□ Other:					
If yes, please attach a copy of any response you received to your previous complaint.						
Have you filed a lawsuit regarding this complaint with any Federal or St	tate					
court?	□ Yes	🗆 No				
Please provide information about a contact person at the agency/court where the complaint or lawsuit was filed.						
Name:						
Title:						
Agency:						
Address:						
Telephone:						
Complaint or Court Case Number:						
Section V:						
Name of individual complaint is against:						
Contact person:						
Title:						
Location:						
Telephone Number (if available):						
Section VI:						
May we release your identity and a copy of your complaint to the	□ Yes	□ No				
contractor, consultant, PCMC, PCT, or UDOT?						
<b>Note:</b> We may be unable to investigate your allegations without permission to release your identity and complaint.						

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

Signature

Date

A copy of this form can be found online at: <u>https://www.parkcity.org/departments/transit-bus/about-park-city-transit</u>

If information is needed in another language, use the above contact information to request language assistance.

Este formulario también está disponible en español. Para información en español utilice la misma información de contacto anterior.