



## UTE TRIBE PUBLIC TRANSIT COMPLAINT FORM

Complaints must be in writing and filed with the Ute Tribe Public Transit Director within 180 calendar days following the date of the alleged discriminatory occurrence. Complainant has a representation, file a written complaint with the Ute Tribe Transit Director, complainant has the option to remain anonymous or to seek assistance in filing out the complaint form.

**Your Name** \_\_\_\_\_ **Date of Filing** \_\_\_\_\_

**Your Address** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Cell number** \_\_\_\_\_

The Ute Tribe Transit recognizes if the ride to your destination has been unsatisfactory by means of, reckless driving, missed rides, distraction(s), on cell phones, speeding, inconsiderate behavior, discrimination, profane and or vulgar language, unclean buses, Please provide witness name(s) and telephone number(s). Please provide name(s) and work location(s) of person(s) you believe responsible. Please indicate the complaint by filling out this form and turn into the Ute Tribe Transit Director, Jeromy Groves

Explain the situation that had taken place. Please provide date(s), time(s), bus #, location(s) (Use additional sheets of paper if needed.)

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Indicate person(s) who are alleged to be responsible.

Name(s)	Agency	Work Location	Classification

What remedy and/or requested action are you requesting? Please be specific. Use additional sheets if necessary.

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Signature

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Date