Civil Rights Complaint Form

Roads To Independence (RTI) 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 RTI 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 Andy Curry, RTI’s Executive Director, at (801) 612-3215 or andy@roadstoind.org. Once completed, return form to:

Andy Curry
3355 Washington Blvd
Ogden Utah 84401

This procedure is intended to satisfy RTI’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 RTI’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 RTI. Your complaint will be investigated in accordance with RTI’s complaint procedure.

Type of Civil Rights complaint:

_____Race _____Disability _____Age _____Color _____Gender _____Religion or Creed

_____Sexual Orientation _____National Origin or Ancestry _____Gender Identity

*Note: If your complaint does not relate to discrimination on the basis of one of the items above, please contact Andy at RTI (801) 612-3215 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 Detail

Date of Occurrence: ____________________ Time of Occurrence: ____________________

Boarding Location: ____________________ Destination: ____________________

Driver’s Name: ________________________
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: _____________________________

RTI staff would like to reach out to you regarding your concerns. Would you be willing to be contacted by a member of RTI staff if we have further questions? Yes, I would answer follow-up questions No, I do not want to be contacted Would you like RTI 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