



Yellow Cab Drivers Association & Ute Cab Co. Civil Rights Department

435 South 600 West
Salt Lake City UT, 84101

Civil Rights Complaint Form

Yellow Cab Drivers Association and Ute Cab Co are 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 Yellow Cab Drivers Association by mailing this completed 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 download, fill out, and submit a completed PDF response to info@yellowcabutah.com.

This procedure is intended to satisfy Yellow Cab Drivers Association's and Ute Cab Co'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 Yellow Cab/Ute Cab's provision of its services, activities, programs, or benefits. This process is designed to provide you with the opportunity to resolve any issue(s) quickly and effectively as it relates to your civil rights and Yellow Cab Drivers Association and Ute Cab Co. Your complaint will be investigated in accordance with Yellow Cab Drivers Association's complaint procedure.

Type of Civil Rights Complaint:

- Race
- Disability
- Age
- Color
- Gender
- Sexual Orientation
- National Origin
- Religion
- Gender Identity

*Note: If your complaint does not relate to discrimination on the basis of one of the items above, please contact Yellow Cab Drivers Association and Ute Cab Co. at info@yellowcabutah.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: _____

Cab Number: _____ Pick Up Location: _____

Cab Company: _____ Driver's Name: _____

Driver's Badge Number: _____

