

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:

0	Race	0	Disability	0	Age			
0	Color	0	Gender	0	Sexual Orientation			
0	National Origin	0	Religion	0	Gender Identity			
please	e: If your complaint does not relate e contact Yellow Cab Drivers Asso omplaint.				·			
Are you filing this complaint on your own behalf?  O Yes  O No  If no, why have you filed for a third party?								
What	is your relationship to the person	for	whom you are filing the complain	t?				
Please confirm you have permission to submit complaint on behalf of a third-party. O Yes O No								
,	Service Details							
Date of	of Occurrence:	T	ime of Occurrence:					
	Cab Number: Pick Up Location:							
	ompany:		Driver's Name:					

## Please tell us why you are writing to us today.

Explain as clearly as possible	e what happened and	why you believe y	ou were discriminated
against. Describe all person	s involved including th	ne names and con	tact information of any
witnesses and of those you	believe discriminated	against you. You r	may attach any written
materials or other information	on relevant to your cor	nplaint.	
V		.e	
YC	our Contact In	itormation	
First Name:	Last Name:		
Address:			
Address:			
City:			
Phone:	Email: _		
We would like to reach out t contacted by a member of contacted by a me		_	ou be willing to be
OYes, I would answer follow			ot want to be contacted.
O 163, I Would allower lollow	up questions	O 110, 1 00 11	or want to be contacted.
ould you like us to contact you once our investigation is complete?			
OYes, I would like a respons	se	O No, I do no	ot require a response.
I have read the statement a information and belief.	bove and affirm that it	t is true to the bes	t of my knowledge,
Complainant's Signature		<u></u> Da	te