

## Clay County Transportation Passenger Complaint Form

Today's Date \_\_\_\_\_

Date Incident that is the basis of this complaint occurred \_\_\_\_\_

Name of individual issuing complaint \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Is this complaint based on discrimination? Yes \_\_\_\_\_ No \_\_\_\_\_

If you checked Yes above please use the appropriate box below

### **ADA Discrimination Complaint**

It is the policy of Clay County Transportation to comply with all the legal requirements of federal and state laws and regulations as they pertain to individuals with disabilities. Please reference the CCT ADA Compliance Policy. Any passenger can file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs or benefits by Clay County Transportation. Please be as detailed as possible in the box below about the incident that occurred and why you feel discriminated against- attach additional pages if needed.

### **Title VI Discrimination Complaint**

It is the policy of Clay County Transportation, as a federal-aid recipient, to ensure that no person shall, on the ground of **race, color, national origin, sex, creed (religion), age or disability**, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any of our programs and activities, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and all other related nondiscrimination laws and requirements. Please be as detailed as possible in the box below about the incident that occurred and why you feel discriminated against- attach additional pages if needed.

**Passenger Complaint- Non ADA or Title VI related**

CCT strives to provide excellent service to our passengers. Please be as detailed as possible about the incident that occurred, in the box below. Attach additional pages if needed.

**Signature of person issuing complaint** \_\_\_\_\_

All complaints should be submitted as soon as possible but no later than 60 calendar days after the alleged violation to the Clay County Transportation Director. Contact information is listed below:

Marie Gunther  
Clay County Transportation Director  
PO Box 118  
Hayesville, NC 28904  
gunther@brmemc.net  
828-389-0644  
For the Hearing Impaired  
1-800-735-2962 TTY  
1-800-735-8262 Voice

**How would you like Clay County Transportation to respond to your request?**

In writing to the address provided above \_\_\_\_\_ By Email \_\_\_\_\_

If further communications regarding this request are needed in an alternate format, please indicate the appropriate format needed \_\_\_\_\_

**CCT Office use Only**

**Date Complaint was Received** \_\_\_\_\_

**Signature of Person Reviewing Complaint** \_\_\_\_\_

**Date Complaint was Responded to** \_\_\_\_\_