

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 _____