Discrimination Complaint Form
Mountain Line
Civil Rights Division

Mountain Line is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin (including Limited English Proficiency), as provided by Title VI of the Civil Rights Act of 1964, as amended, or on the basis of age, sex/gender, ability, gender identity or expression, and sexual orientation as provided by other civil rights statutes. Complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Civil Rights Division by calling (928) 679-8903. The completed form must be returned to Mountain Line Civil Rights Division, Attn: Deputy General Manager, 3773 N Kaspar Dr, Flagstaff, AZ 86004 or via email: transportation@mountainline.az.gov or kmorley@mountainline.az.gov.

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>Alt Phone:</td>
</tr>
<tr>
<td>Person(s) discriminated against (if someone other than complainant):</td>
<td></td>
</tr>
<tr>
<td>Name(s):</td>
<td></td>
</tr>
<tr>
<td>Street Address, City, State &amp; Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

Date of Incident: _______________________

Which of the following best describes the reason for the alleged discrimination? (Circle All That Apply)

- Title VI protections:
  - Race
  - Color
  - National Origin (LEP)

- Other Civil Rights Statutes:
  - Age
  - Ability
  - Sex/Gender
  - Sexual Orientation
  - Gender Identity/Expression

Please describe the alleged discriminatory incident. Provide the names and titles of all Mountain Line employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

______________________________

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Discrimination Complaint Form

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Civil Rights Division

Please describe the alleged discriminatory incident (continued)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No
If yes, list agency / agencies and contact information below:

Agency: ___________________________ Contact Name: ___________________________
Street Address, City, State & Zip Code: ___________________________ Phone: __________

Agency: ___________________________ Contact Name: ___________________________
Street Address, City, State & Zip Code: ___________________________ Phone: __________

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant’s Signature: ___________________________ Date: ______________________

Print or Type Name of Complainant

Mountain Line Office Use Only:

Date Received: ___________________________
Received By: ___________________________