## Mountain Mobility
### Complaint Intake Form

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Race</th>
<th>Gender/Sex</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Business Name (if appropriate)</th>
<th>E-mail Address</th>
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<table>
<thead>
<tr>
<th>Home Telephone:</th>
<th>Preferred Method Contact</th>
<th>Best time to call</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Home ☐ Work ☐ Email ☐ Fax</td>
<td>☐ AM ☐ PM</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Fax:</th>
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Identify the Category that Describes Your Issue/Concern: [Check all that apply]

- ☐ Management Concern
- ☐ Customer Service Concern
- ☐ Passenger Trip Concern
- ☐ Safety Issues
- ☐ Policies & Procedures
- ☐ Vehicle Operator Actions
- ☐ Dispatcher Concern
- ☐ Program/Activity of Mountain Mobility
- ☐ Reservation Concern
- ☐ Eligibility Issue/Concern
- ☐ Other (please explain): ...

If Discrimination is Alleged: [Check appropriate type(s)]

- ☐ Race
- ☐ Color
- ☐ National Origin
- ☐ Age
- ☐ Religion
- ☐ Disability
- ☐ Sex/Gender
- ☐ Sexual Orientation
- ☐ Sexual Harassment
- ☐ Political Affiliation
- ☐ Retaliation*
- ☐ Workplace Harassment*

*(Title VI definition)*

**Describe the Events that Motivated the Complaint (telephone call or visit).** *(Include who was involved, what was said, what happened, when it occurred (date and time), where it occurred, and names of any witnesses. Use additional sheet if necessary.)*
Have you filed, or intend to file, a complaint regarding this matter raised with any of the following? If yes, please provide the filing date(s). Check all that apply.

- ☐ US Equal Employment Opportunity Commission: (Date)
- ☐ Federal Highway Administration (Date)
- ☐ US Department of Transportation (Date)
- ☐ NC Department of Transportation (Date)
- ☐ Federal or State Court (Date)
- ☐ Other (Date)

Have you discussed this issue with any Mountain Mobility Representative? If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking.

Complainant’s Signature ___________________________ Interviewer’s Initials ___________________________

Date _______________ Date _______________

Management Use Only

Date ComplaintReceived ___________________________ Processed by (initials) ___________________________

☐ The Office of Civil Rights and Business Development is reviewing the complaint.
☐ The complainant does not wish to have any action taken. The complaint will be placed in an inactive status if no further action is requested within 30 calendar days.

Follow-Up Action Taken: