



**Mountain Mobility
Complaint Intake Form**

DATE:

Last Name		First Name		Race	Gender/Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address			City	State	Zip
Business Name (if appropriate)			E-mail Address		
Home Telephone:		Preferred Method Contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Fax		Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	
Work Telephone:					
Fax:					
Identify the Category that Describes Your Issue/Concern: [Check all that apply]					
<input type="checkbox"/> Management Concern		<input type="checkbox"/> Customer Service Concern		<input type="checkbox"/> Passenger Trip Concern	
<input type="checkbox"/> Safety Issues		<input type="checkbox"/> Policies & Procedures		<input type="checkbox"/> Vehicle Operator Actions	
<input type="checkbox"/> Dispatcher Concern		<input type="checkbox"/> Program/Activity of Mountain Mobility		<input type="checkbox"/> Reservation Concern	
<input type="checkbox"/> Eligibility Issue/Concern		<input type="checkbox"/> Other (please explain):			
If Discrimination is Alleged: [Check appropriate type(s)]					
<input type="checkbox"/> Race		<input type="checkbox"/> Color		<input type="checkbox"/> National Origin	
<input type="checkbox"/> Religion		<input type="checkbox"/> Disability		<input type="checkbox"/> Sex/Gender	
<input type="checkbox"/> Sexual Harassment		<input type="checkbox"/> Political Affiliation		<input type="checkbox"/> Age	
(Title VI definition)		<input type="checkbox"/> Retaliation		<input type="checkbox"/> Sexual Orientation	
				<input type="checkbox"/> Workplace Harassment*	
<p>Describe the Events that Motivated the Complaint (telephone call or visit). <i>(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.)</i></p>					



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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.

- | | |
|----------------------------------------------------------------------|--------|
| <input type="checkbox"/> US Equal Employment Opportunity Commission: | (Date) |
| <input type="checkbox"/> Federal Highway Administration | (Date) |
| <input type="checkbox"/> US Department of Transportation | (Date) |
| <input type="checkbox"/> NC Department of Transportation | (Date) |
| <input type="checkbox"/> Federal or State Court | (Date) |
| <input type="checkbox"/> 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 Complaint Received

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: