

## MX Title VI / ADA Complaint Form

**Instructions:** If you have a complaint about the accessibility of our transit system or believe you have been discriminated against on the basis of race, color, national origin or disability, please fill out the form below and send it to: Mountain Express, Attn: Title VI / ADA Coordinator, P.O. Box 3482, Crested Butte, CO 81224.

For questions or a full copy of MX's Title VI and ADA policy and complaint procedures call 970-349-5616 or email: [clarsen@crestedbutte-co.gov](mailto:clarsen@crestedbutte-co.gov)

1. Name (Complainant):	
2. Phone:	3. Home address (street no., city, state, zip):
4. If applicable, name of person(s) who allegedly discriminated against you:	
5. Location and position of person(s) if known:	6. Date of incident:
7. Discrimination because of: <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Color <input type="checkbox"/> Disability <input type="checkbox"/> Accessibility Issue	
8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.	

9. Why do you believe these events occurred?

10. What other information do you think is relevant to the investigation?

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

Name:

Address:

Phone number:

13. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

Yes

No

If yes, check all that apply:

Federal agency

Federal court

State court

Local agency

State agency

County court

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.

Agency/Court:

Contact's Name:

Address:

Phone number:

Signature (Complainant):

Date of filing: