

Title VI Complaint Form

Instructions: If you would like to submit a Title VI complaint to the BH & CC Tramway, please fill out the form below and send it to: BH & CC Tramway, Attn: Title VI Coordinator, P.O. Box 68, 987 Miners Mesa Road, Black Hawk , CO 80422. For questions or a full copy of Tramway's Title VI policy and complaint procedures call 303-582-1324 or email tisbester@cityofblackhawk.org.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				

Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No

Section V

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 Agency _____

State Court _____

Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

BH & CC Tramway Title VI Coordinator

P.O. Box 68, 987 Miners Mesa Road

Black Hawk, CO 80422

For assistance contact 303-582-1324

ADA Comment Form

BH & CC Tramway is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 303-582-1324 or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response.

BH & CC Tramway, Public Works Director, 987 Miners Mesa Road, PO Box 68, Black Hawk CO 80422 ,
 tisbester@cityofblackhawk.org

SECTION I: TYPE OF COMMENT (Choose One)*				
Compliment__	Suggestion__	Complaint__	Other:_____	ADA Related? Y / N
SECTION II: CONTACT INFORMATION				
Salutation [Mr./Mrs./Ms., etc.]:				
Name:				
Rider ID (if applicable):				
Street Address:				
City, State, Zip code:				
Phone:		Email:		
Accessible Format Requirements:	Large Print__	TDD/Relay__	Audio Recording__	Other_____
SECTION III: COMMENT DETAILS				
Transit Service : BH & CC Tramway				
Date of Occurrence:		Time of Occurrence:		
Name/ID of Employee(s) or Others Involved:				
Vehicle ID/Route Name or Number:				
Direction of Travel:				
Location of Incident:				
Mobility Aid Used (if any):				
If above information is unknown, please provide other descriptive information to help identify the employee:				
Description of Incident or Message [Text box on web form for narrative]:				
SECTION IV: FOLLOW-UP				
May we contact you if we need more details or information?		Yes	No	
What is the best way to reach you? (Choose One)*	Phone	Email	Mail	
If a phone call is preferred, what is the best day and time to reach you?				
SECTION V: DESIRED RESPONSE (Choose One)*				
- Email response - Telephone response - Response by U.S. Postal Mail				

Policies for response will include

- Date of receipt: Process Start
- Date of assignment for investigation: within 5 working days
- Date of resolution: within 10 working days
- Date of communication to complainant: within 5 working days



Deviation Service Request

All vehicles are wheelchair accessible and operated in compliance with the Americans with Disabilities Act. Deviation from the route is available for mobility limited riders if your home is within $\frac{3}{4}$ mile of the route, on a paved road and with a grade and access that will accommodate a transit vehicle.

Rider Contact Information

Name: _____
Prefer to be called: (i.e. Mrs. Smith, Bob, Etc...) _____
Daytime Phone: _____ Evening Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Nearest Cross Street: _____

Emergency Contact Information:

Who should we contact in case of emergency or if we are unable to contact you at your regular numbers? (family, friend, neighbor, case worker, etc.)

Name: _____ Relationship: _____
Evening Phone: _____ Daytime Phone: _____

How are you eligible for Deviated Route/Curb to Curb Service? (please check all that apply)

Senior Citizen (Age 65 or over or spouse is age 65 or over) If you are eligible for Deviated Route/Curb to Curb Service because of age, your completed application must be accompanied by proof of age such as photocopy of birth certificate, driver's license, etc.)

Disabled If you are eligible for Deviated Route/Curb to Curb Service due to a disability, your completed application must be accompanied by a completed Disability Verification Form.

Mobility Aids: Will you use any of the following when you ride? No Yes

Please check all that apply

Manual Wheelchair Power Wheelchair Power Scooter Cane Walker

PLEASE NOTE: A wheelchair, scooter or other mobility device must be able to fit onto our bus lifts. This means it must be no more than 30 inches wide and 48 inches long, and weigh less than 600 pounds when occupied. Oxygen tanks must be in a portable carrier.

Do you use a service animal? No Yes

PLEASE NOTE: All service animals must be kept under the control of their owners' at all times and comply with local animal safety regulations.