UPPER CUMBERLAND HUMAN RESOURCE AGENCY

UC Transit Program Form
Passenger Title VI Complaint

County: _____

Driver's Name: _____ Van #:_____

Passenger/General Public Name: _____

Address _____ Phone #: _____

Date of Complaint: _____ Time of Complaint _____

State Nature of Complaint and any Witness Names:

_____
_____
_____
_____
_____
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_____
_____

Office use only

Investigation & Determination:

_____
_____
_____
_____
_____

Recommendation & Response:

_____
_____
_____
_____
_____

Investigator's Signature: _____ _____Date: _____

Closed: Yes No

Revision Date:1/28/2020