Sally J. Pimentel Deaf & Hard of Hearing Center, Inc. (DHHC)
ADA Complaint Form

Use this form to report alleged discrimination on the basis of disability related to DHHC transportation services.

Section I - Complainant Information			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	☐ Large Print	☐ Audio	☐ ASL/Video ☐ Other: _____

Section II - Filing on Behalf of Another Person
Are you filing this complaint on your own behalf? ☐ Yes ☐ No If yes, go to Section III.
If not, please supply the name and relationship of the person for whom you are filing: _____
Please explain why you have filed for a third party: _____
Please confirm that you have obtained permission of the aggrieved party if filing on behalf of a third party. ☐ Yes ☐ No

Section III - Alleged ADA Discrimination
I believe the discrimination I experienced was based on disability. ☐ Disability
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) involved, if known, as well as names and contact information of any witnesses.
_____ _ _____ _ _____ _ _____ _

Section IV - Prior ADA Complaint	**Section V - Other Agency/Court Filing**
Have you previously filed an ADA complaint with DHHC? ☐ Yes ☐ No	Have you filed this complaint with another Federal, State, or local agency, or with any Federal or State court? ☐ Yes ☐ No
If yes, date or brief details: _____	If yes, check all that apply: ☐ Federal Agency ☐ State Agency ☐ Local Agency ☐ Federal Court ☐ State Court
	Contact Name: _____ Title: _____ Agency/Court: _____ Telephone: _____ Address: _____

Section VI - Agency Complaint Is Against	
Name of agency:	Sally J. Pimentel Deaf & Hard of Hearing Center, Inc. (DHHC)
Contact person, if known:	
Title:	
Telephone number, if known:	

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

Signature: _____ Date: _____

Submit in person or mail to:
Amy Turner, Executive Director
Sally J. Pimentel Deaf & Hard of Hearing Center, Inc.
1860 Boy Scout Dr., Ste. B208
Fort Myers, FL 33907
Voice: (239) 461-0334 Video Phone: (239) 247-5821

You may also file directly with:
Federal Transit Administration
Office of Civil Rights
1200 New Jersey Avenue, SE
Washington, DC 20590