

# **ADA COMPLAINT FORM**

## **ACSCCI Transportation ADA Complaint Form**

### **SECTION 1** (Please print clearly):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Email: \_\_\_\_\_

### **SECTION 2**

Are you filing this complaint on your own behalf? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

If you answered yes to this question, go to Section 3.

If not, please supply the name and relationship of the person for whom you are complaining:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 the third party. \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

### **SECTION 3**

I believe the discrimination I experienced was based on (check all that apply):

\_\_\_\_\_ Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin

Date, Time and Place of Occurrence: \_\_\_\_\_

\_\_\_\_\_

Name(s) and Titles of the person(s) who I believe discriminated against me:

\_\_\_\_\_

\_\_\_\_\_