

ADA COMPLAINT FORM

Section I:				
Name:				
Address:				
Telephone (Home/Cell):			Telephone (Work):	
Email:				
Do you require an accessible format?	Large Print		Audio Tape	
	TTY/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 filing:				
Have you obtained permission from this person?			Yes	No
Section III:				
If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.				
Date of Alleged Discrimination (Month, Day, Year): _____ Time: _____				
Transit Line/Route: _____ Vehicle ID or Name: _____ Location: _____				
Name(s) of Employee(s) involved: _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.				

Section IV		
Have you previously filed an ADA complaint with this agency?	Yes	No
Contact name:	Telephone number:	
Section V		
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?		
<div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Federal Court: _____	
<input type="checkbox"/> State Agency: _____	<input type="checkbox"/> State Court: _____	
<input type="checkbox"/> Local Agency: _____	<input type="checkbox"/> Local Court: _____	
Please provide contact information for the person you spoke to at the above agency:		
Name:	Title:	
Agency:		
Address:		
Telephone:		

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

Signature

Date

If you need assistance completing this form, contact Paulding Transit at:
(Name/Position) Contact Info

Please submit this form in person at the address below, or mail to:
(Name/Position) Contact Info