



CHOANOKE PUBLIC TRANSPORTATION AUTHORITY

Post Office Box 320
Rich Square, North Carolina 27869

Phone (252) 539-2022

Lewis C. Hoggard, III
Chairperson

Fax (252) 539-3954

Pamela Perry
Executive Director

AMERICANS WITH DISABILITIES (ADA) COMPLAINT FORM

INSTRUCTIONS: If you would like to submit an Americans with Disabilities (ADA) Complaint to the Choanoke Public Transportation Authority, please complete the form below and return to Post Office Box 320 Rich Square, NC 27869. Forms can be emailed to payroll2@choanokepta.org or faxed to the dedicated HR fax line at (252) 539-3954.

For questions, please contact CPTA at (252) 512-7051

Name (Complainant): _____

Home Address (Street #, City, State, Zip Code): _____

Phone: _____

If applicable, the name of the person(s) who you believe discriminated against you:

Date of the Incident: _____

Discrimination based on:

_____ Disability

Briefly explain what happened and how you feel you were discriminated against. Please include how you feel that others were treated differently than you (*use additional paper if needed*).

Please list any person(s) who we can contact for additional information or to support/clarify your complaint:

Name: _____ Phone Number: _____

Address: _____

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? (Circle One) **Yes** **NO**

If yes, circle all that apply:

Federal Agency Federal Court

State Agency State Court

Local Agency

If filed at an agency and/or court, please provide information on a contact person at that agency/court:

Name of Agency/Court: _____

Agency/Court Contact's Name: _____

Address of Agency/Court: _____

Phone Number of Agency/Court: _____

Date of Filing: _____

Signature (Complainant): _____ Date: _____

Why do you believe these events occurred?

Is there any other information that you feel may be relevant to this investigation?

How can these issues be resolved to your satisfaction?
