

*Americans with Disabilities Act (ADA)
Discrimination Complaint Form
AASC/Four County Transit
Cedar Bluff, Virginia*

CASE NUMBER _____ (office use only)

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know. If you are not able to complete the form personally, the ADA Compliance Officer will assist you to do so at a mutually convenient time. Please call 888-656-2272 to make your request. If the ADA Compliance Officer assists you in completing the form, you will still need to sign it to validate the information provided.

1. Complainant's Name _____
Street Address _____
City, State and Zip Code _____
Telephone Numbers – Home (_____) _____
Mobile (_____) _____
Business (_____) _____
Email Address: _____

2. Person discriminated against (if someone other than the complainant)
Name _____
Street Address _____
City, State, and Zip Code _____
Telephone Number (_____) _____

3. Please provide name(s), address and phone number(s) for any/all witnesses.
Name _____
Street Address _____
City, State, and Zip Code _____
Telephone Number (_____) _____

Name _____
Street Address _____
City, State, and Zip Code _____
Telephone Number (_____) _____

Name _____
Street Address _____
City, State, and Zip Code _____
Telephone Number (_____) _____

4. What date(s) did the alleged discrimination take place?

_____ (Must be within the past 180 days)

5. In your own words, describe the alleged discrimination. Include vehicle number if appropriate. Please completely and as clearly as you can, explain what happened, and whom you believe was responsible.

(Use more sheets or the back of this page, if needed)

6. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? _____ Yes _____ No

If yes, check all that apply:

- € Federal agency _____
- € Federal court _____
- € State agency _____
- € State court _____

7. Please provide information about a contact person at the other agency/court where the complaint was filed.

Name

Street Address

City, State, and Zip Code

Telephone Number (_____) _____

8. Has a complaint been filed with Four County Transit before?
_____ Yes _____ No

If yes, when? Date _____

9. What suggestions would you give to correct this matter?

10. Please sign and date this form below. You may attach any written materials or other information that you think is relevant to your complaint. If this form was completed by someone other than the complainant, please provide information about who assisted the citizen with this document:

SIGNATURE OF COMPLAINANT
(REQUIRED)

DATE

Form completed by: (print) _____ Title: _____

(Signature) _____