

# Mountain Empire Transit

## ADA Complaint Form

- Please fill out this form completely.
- Print or type the information.
- Sign and return this form to the address shown below.

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

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

City, State, and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Person discriminated against (if other than complainant): \_\_\_\_\_

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

City, State, and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Government, organization, or institution which you believe has committed a discriminating act:

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

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

City, State, and Zip:

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Home Phone:

Cell Phone:

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Email:

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When did the discrimination occur?

Date:

Time:

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Where did the discrimination occur?

Location:

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Describe the acts of discrimination providing names (where possible) of individuals along with details of the incident including the bus and route numbers (if applicable):

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Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes:

No:

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If yes, please provide the following information:

Agency or Court:

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Contact Person:

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Address:

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City, State, and Zip:

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