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:

Home Phone: ___________________________ Cell Phone: ___________________________

Email: ____________________________________________

When did the discrimination occur?

Date: ___________________________ Time: ___________________________

Where did the discrimination occur?

Location: ____________________________________________

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):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Yes: ___________________________ No: ___________________________

If yes, please provide the following information:

Agency or Court: ___________________________

Contact Person: ___________________________

Address: ___________________________

City, State, and Zip: ___________________________