

ADA COMPLAINT FORM

SECTION I

Complainant's Name:

Mailing Address:

Person filing out complaint (if different than complainant):

Email:

Phone Number:

SECTION II

When did the discrimination incident occur?

Date:

Time:

Explain what happened and why you believe you were discriminated against. Describe all persons involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. Use back of form if needed. Attach any supporting documents with complaint.

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SECTION III

Has this complaint been filed with another private, federal, state, local agency, or legal entity? Yes No

If yes, please provide details below:

Complainant's Signature

Date

Please submit this form in person at the address below, or mail this form to:

PROJECT NOW, INC. / RIM RURAL PUBLIC TRANSIT

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