



ADA COMPLAINT FORM

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38, and 39), and Section 504 of the Rehabilitation Act of 1973, as amended, Rock Region Metro (RRM) ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes they have been discriminated against based on disability may file an ADA complaint.

Name:		
Address:		
Telephone (Home/Cell)		
Email:		
Do you require an accessible format?	<u>Large Print</u>	<u>Audio Tape</u>
	<u>TTY/TDD</u>	<u>Other</u>
Section 2.		
Are you filing this complaint on your own behalf?	Yes	No
*If you answered "yes" to this question, go to Section 3		
If not, please supply the name and relationship of the person for whom you are filling:		
Have you obtained permission from this person?	Yes	No
Section: 3		
If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.		
Date of Alleged Discrimination (Month () Day () Year): _____		
Time: _____		
Transit Line/Route: _____ Vehicle ID or Name: _____ Location: _____		
Name(s) of Employee(s) involved: _____		
_____ Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.		
Section 4:		
Have you previously filed an ADA complaint with Rock Region Metro?		

Contact Name:	Telephone number:
Section 5:	
Have you filed this complaint with any other federal, state, a local agency, or federal or state court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency:	
<input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____ <input type="checkbox"/> State Court: _____	
_____ <input type="checkbox"/> Local Agency: _____ <input type="checkbox"/> Local Court: _____	
Please provide contact information for the person you spoke to at the above agency.	
Name: _____	
Title: _____	
Agency: _____	
Address: _____	
Telephone: _____	

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

Signature: _____

Date. _____