

RTEC ADA COMPLAINT FORM

Section I

NAME:

ADDRESS:

TELEPHONE (Home/Cell)

TELEPHONE (Work)

E-mail

Do you require an accessible format? Large Print TTY/TDD Audio Tape Other

Section II

Are you filing a ADA complaint on your own behalf? Yes No

If you answered "yes" go to Section III. If not, please supply the name and relationship of the person for whom you are filing.

Name:

Relationship:

Section III

If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.

Date of alleged discrimination:

Time of alleged discrimination:

Transit Route:

Vehicle # or name:

Location:

Name(s) of Employee(s) Involved:

Explain as clearly as possible what happened and why you believe you were discriminated against.

Section IV

Have you ever filed an ADA complaint with RTEC? Yes No

Contact Name:

Telephone Number:

Section V

Have you filed this ADA complaint with any other federal, state, or local agency, or with any other federal or state court?

If yes, please check all that apply:

Federal Agency:

State Agency:

Local Agency:

Federal Court:

State Court:

Local Court:

Please provide contact information for the person you spoke to at the above agency:

Name:

Title

Agency:

Address:

Telephone:

Signature _____ Date _____

