ADA Complaint Form

| Section I: | | | | | | | |
|---|---------------------------------|----------------------|-----|----|--|--|--|
| Name: | | | | | | | |
| Address: | | | | | | | |
| Telephone (Home/Cell): | Telephon | e (Work): | | | | | |
| Email: | | | | | | | |
| Do you require an accessible format? | Large Print TTY/TDD | Audio Tape Other: | | | | | |
| Section II: | | II | | | | | |
| Are you filing this complaint on your own behalf? * | | | Yes | No | | | |
| *If you answered "yes" to this question, go to Section III. | | | | | | | |
| If not, please supply the name and relationship of the person for whom you are filing: | | | | | | | |
| Have you obtained permission from this person? | | | Yes | No | | | |
| 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 (Month, Day, Year): | | Time: | | | | | |
| Transit Line/Route: Vehicle ID | _ 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. | | | | | | | |
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| Section IV | | | | | | |
|---|--------------------|--|----|--|--|--|
| Have you previously filed an ADA complaint with this agency? | | | No | | | |
| Contact name: | Telephone number: | | | | | |
| Section V | | | | | | |
| Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? | | | | | | |
| [] Yes | [] No | | | | | |
| If yes, check all that apply: | | | | | | |
| [] Federal Agency: | [] Federal Court: | | | | | |
| [] State Agency: | [] State Court: | | | | | |
| [] Local Agency: | | | | | | |
| Please provide contact information for the person you spoke to at the above agency: | | | | | | |
| Name: Title: | | | | | | |
| Agency: | | | | | | |
| Address: | | | | | | |
| Telephone: | | | | | | |

Important Notice: To protect your rights, your complaint must be filed within <u>180</u> days following the date of the alleged discrimination. Failure to file within <u>180</u> days may result in dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Signature and date required below.

Signature of Person Filing Complaint

Date

If you need assistance completing this form, contact Becker County Transit at 218-847-1674

Once completed, return a signed and dated copy to:

Kevin Johnson, Transit Director Becker County Transit 1771 N Tower Road Detroit Lakes MN, 56501