Americans with Disabilities Act (ADA)

Discrimination Complaint Form
AASC/Four County Transit
Cedar Bluff, Virginia

CASE NUMBER ________________________ (office use only)

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know. If you are not able to complete the form personally, the ADA Compliance Officer will assist you to do so at a mutually convenient time. Please call 888-656-2272 to make your request. If the ADA Compliance Officer assists you in completing the form, you will still need to sign it to validate the information provided.

1. Complainant’s Name __________________________________________________
   Street Address ______________________________________________________
   City, State and Zip Code _____________________________________________
   Telephone Numbers – Home (_____) _________________________________
   Mobile (_____) ________________________
   Business (_____) _____________________________________________

   Email Address: _____________________________________________________

2. Person discriminated against (if someone other than the complainant)
   Name _____________________________________________________________
   Street Address _____________________________________________________
   City, State, and Zip Code ____________________________________________
   Telephone Number (____) __________________________________________

3. Please provide name(s), address and phone number(s) for any/all witnesses.
   Name _____________________________________________________________
   Street Address _____________________________________________________
   City, State, and Zip Code ____________________________________________
   Telephone Number (____) __________________________________________

   Name _____________________________________________________________
   Street Address _____________________________________________________
   City, State, and Zip Code ____________________________________________
   Telephone Number (____) __________________________________________

   Name _____________________________________________________________
   Street Address _____________________________________________________
   City, State, and Zip Code ____________________________________________
   Telephone Number (____) __________________________________________
4. What date(s) did the alleged discrimination take place?

____________________________________________________________
(Must be within the past 180 days)

5. In your own words, describe the alleged discrimination. Include vehicle number if appropriate. Please completely and as clearly as you can, explain what happened, and whom you believe was responsible.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
(Use more sheets or the back of this page, if needed)

6. 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 ______________________

7. Please provide information about a contact person at the other agency/court where the complaint was filed.
   Name
   ______________________________________________________________
   Street Address
   ______________________________________________________________
   City, State, and Zip Code
   ______________________________________________________________
   Telephone Number (_____) ________________________________
8. Has a complaint been filed with Four County Transit before?
    ______________ Yes ______________ No

    If yes, when? Date ______________________________________________

9. What suggestions would you give to correct this matter?

    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________

10. Please sign and date this form below. You may attach any written materials or other information that you think is relevant to your complaint. If this form was completed by someone other than the complainant, please provide information about who assisted the citizen with this document:

    *SIGNATURE OF COMPLAINANT*     DATE
    (REQUIRED)

    Form completed by: (print) __________________________  Title: _________________
    (Signature)   ___________________________