

ADA Complaint Form

Avery County Transportation Authority

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity and access for persons with disabilities for a variety of activities of daily living. The Federal Transit Administration requires that "No qualified person with a disability shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance administered by the Department of Transportation."

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance or reasonable modifications in completing this form, call (828) 733-0005 or (919) 969-4900.

1. Complainant Contact Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Work Phone _____

2. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City _____ State _____ Zip Code _____

3. Which of the following best describes the reason(s) you believe the discrimination took place?

a. Race/Color/National Origin _____

b. Disability _____

c. Disadvantaged Business Enterprise _____

d. External Equal Employment Opportunity _____

e. Other (please specify) _____

4. What date did the alleged discrimination take place? _____
5. Described the alleged discrimination. Explain what happened and who you believe was responsible. If the space below is insufficient please attach additional sheets.

6. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? _____ Yes _____ No

7. If yes, check all that apply:
- _____ Federal Agency _____ Federal Court _____ State Agency
- _____ State Court _____ Local Agency

8. Please provide contact information for the agency/court where the complaint was filed.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Complainant's Signature

Date

All complaints must be on the ADA Complaint Form. You may attach additional information that may be relevant to your complaint. The investigation will be conducted and completed within 60 days of the receipt of the written complaint.

Send all complaints to:

Local	State	Federal
Transit Director	NCDOT	ADA Program Coordinator
Avery County Transportation	Office of Civil Rights	FTA Office of Civil Rights
34 Pershing Street	ADA Program	East Building, 5 th Floor
Newland, NC 28657	1511 Mail Service Center	TCR, 1200 New Jersey Ave. S.E.
	Raleigh, NC 27699-1511	Washington, D.C. 20509