

THE FULTON COUNTY RURAL TRANSIT ADA / TITLE VI COMPLAINT FORM

What is the nature of your complaint ADA or Title VI?

Please check one of the following below:

[] ADA or [] Title VI

[FOR OFFICE USE ONLY]

Complaint No. _____

Part I.

Name _____

Address _____

Telephone (Home) _____ Telephone (Work) _____

Electronic Mail Address _____

Accessible Format Requirements? _____

TDD Large Print Audio Tape Other

Part 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 complaining:

Please explain why you have filed for a third party.

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes _____ No _____

Part III.

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin Disability

Date of Alleged Discrimination (Month, Day, year):

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

***You may use the back of this document for additional comments or attach any written materials or other information you think is relevant to your complaint.**

Part IV

Have you previously filed an ADA / Title VI complaint with this agency?

Yes No

Part 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 information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Part VI.

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone: _____

To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.

Signature and date required below

Signature _____ Date _____

Please submit this form in person at the address below, or mail this form to:

ADA / Title VI Coordinator

Fulton County Rural Transit

500 North Main Street

Canton, IL 61520