Attachment A

ADA Complaint Form
City of Asheville
Transit Services

Do you think you have been discriminated against or excluded or denied service by the ART (Asheville Redefines Transit), Apple Country Transit or Mountain Mobility due to a disability?

The City of Asheville is committed to ensuring that no qualified individual with a disability shall, by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination by a the City of Asheville, its contractors nor sub recipients (Americans With Disabilities Act of 1990).

Complaints under the ADA law must be filed within 180 days from the date of the alleged discrimination. Please complete the information below to file your complaint. If you need help completing this form, call the **City of Asheville Transportation Department at (828) 232-4531, Legal Department (828) 259-5610 or email iride@ashevillenc.gov**. As a complainant, if you are not provided, please request a copy of the *Process and Procedures for Addressing American with Disabilities Act Complaints,*.

Your Name:_____ Street Address _____

City, State & Zip Code: _____

Phone number: _____Other phone: _____

Who was discriminated against? (Please circle) You? Someone Else?

If someone else, their:
Name(s): _____Street Address _____

City State & Zip Code:_____

Date of Incident: _____

Please describe the alleged discrimination incident. If possible, provide the names and titles of all City Of Asheville transit employees involved. Explained what happened and who you believe was responsible. Please use the back of this form if additional space is required.

Attachment A

_____

_____

_____

Incident description continued:

_____

_____

_____

_____

_____

_____

Have you filed a complaint with any other federal, state or local agencies? (Circle one)

Yes / No

If so, list agency or agencies and contact information below:

Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

_____

Complainants Signature: Date:

Please return the completed and signed form to:
City of Asheville, Legal Department, Attn. City Attorney 70 Court Plaza, Asheville 28801.

Complainants have the right to submit their complaint at any point in the process directly to: FTA (Federal Transit Administration), Office of Civil Rights Region IV, 230 Peachtree, NW, Suite 800, Atlanta, GA 30303, telephone (404) 865-5600.

Attachment A

City of Asheville Use Only: Print or Type Name of Complainant
Date Received:
Received By: