AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

Date Complaint Taken ________________________________  Tracking No. _____________

Name of Complainant ________________________________________________

Address ____________________________________________________________  Phone No. ______________

Email Address _______________________________________________________

Accessible Format Requirements? Large Print [ ]  Audio Tape [ ]  TDD [ ]  Other [ ] ___________

Person Discriminated Against (if other than Complainant) ________________________________

Address ____________________________________________________________  Phone No. ______________

Email Address _______________________________________________________

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 [ ]

Date, Time & Place Incident Occurred _____________________________________________

Details of Complaint: please 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 attach any written materials or other information that you think is relevant to your complaint. Signature and date required below

____________________________________________________________________________

____________________________________________________________________________

Signature ________________________________  Date ________________________________

Please submit this form in person, or mail to:  Carson Area Metropolitan Planning Organization
  Transportation Manager  3505 Butti Way Carson City, NV 89701