



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