
ADA Complaint Form Procedure

Background

The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any federally funded program, service, or activity.

Tri-Valley Transportation Program is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services by providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call the ADA Coordinator at 218-281-9093. **Once completed, return a signed and dated copy to:**

**Elizabeth Hensrud, Transportation Programs Director
1345 Fairfax Avenue, Crookston, MN 56716**

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call 218-281-9093.

ADA Complaint Form

Section I:			
Name:			
Address:			
Telephone (Home/Cell):		Telephone (Work):	
Email:			
Do you require an accessible format?	Large Print		Audio Tape
	TTY/TDD		Other:
Section 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 filing:			
Have you obtained permission from this person?			Yes No
Section III:			
If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.			
Date of Alleged Discrimination (Month, Day, Year): _____ Time: _____			
Transit Line/Route: _____ Vehicle ID or Name: _____ Location: _____			
Name(s) of Employee(s) involved: _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.			

