## Country Roads Transit ADA COMPLAINT FORM

If you have a complaint about the accessibility of our transit system or believe you have been discriminated against because of your disability, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Daniel Wood Country Roads Transit PO Box 727, Elkins, WV 26241

manager@rcscwv.org or telephone 304-636-6472

1. Complainant's name:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ( )		**
E-mail address:		
Do you prefer to be contacted via e-mail?	P □ Yes □ No	
2. Are you filing this complaint on you ☐ Yes If YES, please go to question 6.	ur own behalf?  No If NO, please	go to question 3.
3. Please provide your name and add	ress.	
Name of person filing complaint:		
Address:		Ä.
City:	State:	Zip Code:
Daytime telephone: ( )		
E-mail address:		
Do you prefer to be contacted via e-mail?	P □ Yes □ No	
4. What is your relationship to the per	rson for whom you a	re filing the complaint?
<ol><li>Please confirm that you have obtain a complaint on their behalf.</li></ol>	ned the permission	of the aggrieved party to file
☐ Yes, I have permission. ☐ No, I do	not have permission	
6. I believe that the discrimination I ex	xperienced was base	ed on (check all that apply)
□ Accessibility issue □ Discrimination	based on disability	☐ Other

7.	Date of alleged discrimination (Month, Day, Year):
8.	Where did the alleged discrimination take place?
9.	Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.
10	Please list any and all witnesses' names and phone numbers/contact information.  Use the back of this form or separate pages if additional space is required.
11	. What type of corrective action would you like to see taken?
12	Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court?   Yes If yes, check all that apply.
	Federal Agency (List agency's name)
	Federal Court (Please provide location)
	State Court
	State Agency (Specify agency)
	County Court (Specify court and county)
	Local Agency (Specify agency)

<ol><li>Please provide informa complaint was filed.</li></ol>	tion about a contact person at th	ne agency/court where the	
Name:	Title:		
Agency:	Telephone:	Telephone: ( )	
Address		5.0010	
City:	State:	Zip Code:	
Signature and date is require	ed:		
Signature	malesta de la companya del companya de la companya del companya de la companya de	Date	
If you completed Questions	3, 4 and 5, your signature and date	is required	