

ADA COMPLAINT FORM

The American with Disabilities Act (ADA) is civil rights legislation which requires that persons with disabilities receive transportation services equal to those available to people without disabilities, and not be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

Danville Mass Transit
101 N Jackson St
Danville, IL 61832

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: Home: _____ Cell: _____

Message: _____

Person discriminated against: _____

Address of person discriminated against: _____

City, State, Zip Code: _____

Please indicate why you believe the discrimination occurred:

___ Disability

___ Service animal

___ Personal care attendant

What was the date of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw it: _____

Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the Director of Public Transportation at:

Lisa Beith, Director of Public Transportation
Danville Mass Transit
101 N Jackson St
Danville, IL 61832
217-431-0653

Signature

Print Name

Date