

# ADA Complaint Form

<b>Section I:</b>			
Name:			
Address:			
Telephone (Home/Cell):		Telephone (Work):	
Email:			
Do you require an accessible format?	Large Print		Audio Tape
	TTY/TDD		Other:
<b>Section II:</b>			
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
<b>Section III:</b>			
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.			
_____			
_____			
_____			
_____			

<b>Section IV</b>		
Have you previously filed an ADA complaint with this agency?	Yes	No
Contact name:	Telephone number:	
<b>Section V</b>		
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Federal Court: _____	
<input type="checkbox"/> State Agency: _____	<input type="checkbox"/> State Court: _____	
<input type="checkbox"/> Local Agency: _____	<input type="checkbox"/> Local Court: _____	
Please provide contact information for the person you spoke to at the above agency:		
<b>Name:</b>	<b>Title:</b>	
<b>Agency:</b>		
<b>Address:</b>		
<b>Telephone:</b>		

**Important Notice:** To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Signature and date required below.

\_\_\_\_\_  
Signature of Person Filing Complaint

\_\_\_\_\_  
Date

If you need assistance completing this form, contact Hubbard County-Heartland Express at 218-732-2421

**Once completed, return a signed and dated copy to:**

**Jason Ness, Transit Supervisor  
Hubbard County-Heartland Express  
205 Court Ave Park Rapids, MN 56470**