

MTRWESTERN ADA Complaint Form

Contact Information

1. Complainant's Name: _____
2. Address: _____
3. Phone Number (Home/Mobile): _____ Work: _____
4. Email Address: _____ Preferred Contact: Yes No

Representation (If filing on behalf of someone else)

5. Are you filing this complaint on your own behalf? Yes No
6. Name of Person Filing on Behalf: _____
7. Relationship to the Person: _____
8. Permission to file on their behalf? Yes No

Complaint Details

9. Discrimination Based On: Disability Race Color National Origin Other: _____
10. Date of Incident: _____
11. Location of Incident: _____
12. Description of Incident:

13. Witnesses (Names & Contact Info):

14. Requested Action/Resolution:

Other Complaints Filed

15. Filed with another agency or court? Yes No

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If yes, check all that apply:

Federal Agency State Agency Federal Court

State Court Local Agency

16. Agency/Court Name: _____

Contact Person: _____

Title: _____ Phone: _____

Address: _____

Signature & Submission

Complainant Signature: _____ Date: _____

Representative Signature (if applicable): _____ Date: _____