

ADA Complaint Form

Title II of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. ADA complaints must be filed within 180 days from the date of the alleged discrimination. Complete this form and mail or deliver to:

Klickitat County Senior Services/Mt. Adams Transportation

Contact us Monday – Friday, 8 a.m.- 5 p.m. at 1-800-774-1699 or 1-800-493-7606

or email matsinfo@klickitatcounty.org.

1) Complainant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No. (Home/Cell): _____ (Business): _____

2) Person who has discrimination complaint (if other than complainant)
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Telephone No.
(Home/Cell): _____ (Business): _____

3) Government, or organization, or institution complaint is about:
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Telephone
No.: _____

4) Date of incident resulting in complaint: _____

5) Describe the complaint. What happened and who was responsible? (provide names when possible of the individuals involved). For additional space, attach additional sheets of paper as necessary.

6) Where did the incident take place? Please provide location, bus number, etc.

7) Witnesses? Please provide their contact information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home/Cell): _____ (Business): _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home/Cell): _____ (Business): _____

8) Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution? ___ Yes ___ No

If yes, what is the status of the grievance?

9) Did you file this complaint with another federal, state, or local agency; or with a federal or state court? ___ Yes ___ No

If the answer is yes, check each agency the complaint was filed with:

___ Federal Agency ___ Federal Court ___ State Agency ___ State Court ___ Local Agency ___ Other

Please provide contact person information for the agency/court/other:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Date filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date