

AMERICANS WITH DISABILITIES ACT COMPLAINT FORM

For questions about the WSTA Americans with Disabilities Act (ADA) complaint procedure or complaint form, contact the ADA Department Manager at (336) 727-2000 or ADAComplaints@ratpdev.com

Full Name (Complainant):		
Phone Number:		E-mail:
Address:		
City:	State:	Zip Code:
Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> US Mail		
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, Please provide the name and relationship to the person for whom you are filing the complaint: Name: Relationship:		
Date of alleged disability discrimination:		
Time of Day:		
Name/Position (Title) of person(s) who allegedly discriminated against you:		
Location of Incident:		Date:
<p>Explain as clearly as possible what happened and why you believe you were discriminated against:</p> <p>(Attach separate sheet(s), if necessary)</p>		

Witness(es): <input type="checkbox"/> YES <input type="checkbox"/> NO		
List Witness(es): <i>(Attach a separate sheet, if necessary)</i>		
(1) Name:		
Phone Number:		
(2) Name:		
Phone Number:		
(3) Name:		
Phone Number:		
(4) Name:		
Phone Number:		

Complaint filed with Federal, State, or Local agency; or Federal or State court? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, check all that apply: <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Court <input type="checkbox"/> Federal Court		
Contact Information for Court/Agency of Complaint filed:		
Agency:		
Contact Name:		
Phone Number:		
Address:		
City:	State:	Zip Code:

AFFIRMATION

By signing below, you agree that (1) you have read, understood, and accepted the terms and procedures for tracking and investigating ADA complaints, and (2) you affirm that the information above is true to the best of your knowledge.

Signature

Printed Name

Date

Send this completed form along with any written materials or other information that you think is relevant to your complaint to:

Winston-Salem Transit Authority
ADA Manager
100 W 5th St
Winston Salem NC 27101
ADAComplaints@ratpdev.com

INTERNAL USE ONLY

To be completed by the Civil Rights Officer

Accepted for formal Investigation ____/____/____

Referred to another department on ____/____/____

Rejected ____/____/____

Reason for Rejection:

Civil Rights Officer

Date