ADA DISCRIMINATION COMPLAINT FORM

In compliance with the Requirements of Title II of the American with Disabilities Act 1990 (ADA), Virginia Regional Transit will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities.

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Phil Thompson
Director of Operations
Virginia Regional Transit
109 N. Bailey Ln
Purcellville, Va. 20132
Email: phil@vatransit.org
Phone: (540) 338-1610

You may reach our office via phone at 877-777-2708 or 540-338-1610 Monday – Friday 8:00am-5:00pm
Complainant’s Name: 

Street Address:  

City: State: Zip Code:  

Telephone No. (Home): (Business): 

Email Address: 

Person discriminated against (if other than complainant):  

Name:  

Street Address:  

City: State: Zip Code: 

Telephone No.:  

The name and address of the agency, institution, or department you believe discriminated against you.  

Name:  

Street Address:  

Date of incident resulting in discrimination:  

Identify the category of Discrimination: 

Disability _____
Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Does this complaint involve a specific individual(s) associated with Virginia Regional Transit? If yes, please provide the name(s) of the individual(s), if known.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Where did the incident take place?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Are there any witnesses? If so, please provide their contact information:

Name: ____________________________________________
Street Address: ____________________________________
City: __________________________ State: ___________ Zip Code: ___________
Telephone No.: ________________________________

Name: ____________________________________________
Street Address: ____________________________________
City: __________________________ State: ___________ Zip Code: ___________
Telephone No.: ________________________________
Did you file this complaint with another federal, state or local agency; or with a federal or state court?

☐ Yes    ☐ No

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

☐ Federal Agency    ☐ Federal Court    ☐ State Agency
☐ State Court    ☐ Local Agency    ☐ Other

Please provide contact person information for the agency you also filed the complaint with:

Name: ____________________________________________________________

Street Address: _______________________________________________________

City: ___________________________ State: ___________________________ Zip Code: __________

Date Filed: ___________________________

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

_________________________________________  _________________________

Complainant’s Signature  Date

02.2020