

**Dunklin County Transit Service, Inc.
ADA COMPLAINT FORM**

If you have a complaint about the accessibility of our transit system or believe you have been discriminated against because of your disability, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Katrina Hodges, Executive Director
Dunklin County Transit Service, Inc.
610 N. Douglass Street, Malden, MO 63863
k.hodges@dctsmalden.com Fax: 573-276-5579

1. Complainant's name:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are you filing this complaint on your own behalf?		
<input type="checkbox"/> Yes If YES, please go to question 6. <input type="checkbox"/> No If NO, please go to question 3.		
3. Please provide your name and address.		
Name of person filing complaint:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. What is your relationship to the person for whom you are filing the complaint?		
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.		
<input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission		
6. I believe that the discrimination I experienced was based on (check all that apply)		
<input type="checkbox"/> Accessibility issue <input type="checkbox"/> Discrimination based on disability <input type="checkbox"/> Other		

<p>7. Date of alleged discrimination (Month, Day, Year):</p>
<p>8. Where did the alleged discrimination take place?</p>
<p>9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i></p>
<p>10. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i></p>
<p>11. What type of corrective action would you like to see taken?</p>
<p>12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? <input type="checkbox"/> Yes If yes, check all that apply. <input type="checkbox"/> No</p> <p><input type="checkbox"/> Federal Agency (List agency's name)</p> <p><input type="checkbox"/> Federal Court (Please provide location)</p> <p><input type="checkbox"/> State Court</p> <p><input type="checkbox"/> State Agency (Specify agency)</p> <p><input type="checkbox"/> County Court (Specify court and county)</p> <p><input type="checkbox"/> Local Agency (Specify agency)</p>

