

Valley Transit ADA Complaint Form

The American's with Disabilities Act (ADA) protects individuals with disabilities from discrimination in relation to any services, programs, activities, and employment. If you believe you have been subjected to discrimination in transit services or employment under the ADA, you may file a complaint with this form. Please provide the following information in order to assist us with processing your complaint and send it to:

Valley Transit
1401 West Rose Street
Walla Walla, WA 99362
509-525-9140
509-525-9142 (fax)

Concerning (circle one): **Transit Operations** **Employment**

Please Print Clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____ Cell#: _____

Person discriminated against (if different): _____

Address of the person discriminated against (if different): _____

City, State, Zip Code: _____

Please indicate why you believe the discrimination occurred (circle any that apply):

Mobility Impairment

Cognitive Impairment

Learning Disability

Mental Health Issue

Vision Impairment

Hearing Impairment

Speech Impairment

Medical Issues

Other: _____

What was the date of the alleged discrimination?: _____

Where did the alleged discrimination take place?: _____

Please describe the circumstances as you saw them: _____

Please list any and all witnesses' names and phone numbers:

Name: _____ #: _____

Name: _____ #: _____

Name: _____ #: _____

Name: _____ #: _____

Name: _____ #: _____

What type of action would you like to see taken?: _____

Please attach any documents you have which support the allegation. Date and sign this form and send it to the ADA Coordinator at the address listed on page 1 of this document.

Your Signature

Print your name

Date