



**GASTONIA TRANSIT
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 submit your complaint form to address listed below:

Gastonia Transit
Cindy Forrester, Division Manager
PO Box 1748, 121 N. Oakland Street
Gastonia, NC 28053
(704) 836-0039
cindy.forrester@gastonianc.gov

1. Complainants Information

Complainants Name:	Phone Number:
Mailing Address:	City, State, Zip Code:
Email Address:	Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mail

2. Are you filing this complaint on your own behalf?

- Yes (If yes, please go to question 6) No (If no, please go to question 3)

3. Name of person filing complaint. (If filing on behalf of someone else.)

Complainants Name:	Phone Number:
Mailing Address:	City, State, Zip Code:
Email Address:	Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mail

4. What is your relationship to the person whom you are filing the complaint?

- Parent Child Sibling Caregiver Friend Other



5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf. Yes I have their permission No I do not have their permission

6. I believe that the discrimination I experienced was based on (check all that apply)

- Accessibility issue Discrimination based on disability
 Other – Please describe.

7. Date of alleged discrimination (Month, day, year)

8. Location of alleged discrimination.

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).
Use the back of this form or separate pages if additional space is required.

10. Please list any and all witnesses' names and phone numbers/contact information.
Use the back of this form or separate pages if additional space is required.



11. What type of corrective action would you like to see taken.
Use the back of this form or separate pages if additional space is required.

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 |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Federal Court |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> State Court |
| <input type="checkbox"/> Local Agency | <input type="checkbox"/> County Court |

13. Please provide information about a contact person at the agency/court where the complaint was filed.

Agency Name:	Phone Number:
Contact Name:	Title:
Mailing Address:	City, State, Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required.

Signature	Date
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If you completed Questions 3, 4 and 5, your signature and date is required

Signature	Date
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