

DISCRIMINATION COMPLAINT FORM



SECTION A

NAME _____

ADDRESS _____

TELEPHONE (Home) _____ TELEPHONE (Work) _____

E-MAIL _____

ACCESSIBLE FORMAT REQUIREMENTS LARGE PRINT AUDIO TAPE

TDD OTHER _____

SECTION B

1. ARE YOU FILING THIS COMPLAINT ON YOUR OWN BEHALF?

YES NO IF YES, SKIP TO SECTION C

2. WHAT IS THE NAME AND RELATIONSHIP OF THE PERSON FOR WHOM YOU ARE COMPLAINING? _____

3. PLEASE EXPLAIN WHY YOU HAVE FILED FOR A THIRD PARTY:

4. HAVE YOU OBTAINED THE PERMISSION OF THE AGGRIEVED PARTY FOR WHO YOU ARE FILING THIS COMPLAINT? YES NO

SECTION C

I BELIEVE THE DISCRIMINATION I EXPERIENCED WAS BASED ON (check all that apply):

DISABILITY NOT APPLICABLE

OTHER _____

SECTION D

DATE OF ALLEGED DISCRIMINATION (month,day, year) _____

EXPLAIN AS CLEARLY AS POSSIBLE WHAT HAPPENED AND WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST. DESCRIBE ALL PERSONS WHO WERE INVOLVED. INCLUDE THE NAME AND CONTACT INFORMATION OF THE PERSON(S) WHO DISCRIMINATED AGAINST YOU (IF KNOWN) AS WELL AS NAMES AND CONTACT INFORMATION OF ANY WITNESSES. IF MORE SPACE IS NEEDED, PLEASE USE THE BACK OF THIS FORM.

SECTION E

HAVE YOU PREVIOUSLY FILED A COMPLAINT WITH WTA? YES NO

SECTION F

HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCY, OR WITH ANY FEDERAL OR STATE COURT?

YES NO IF YES, CHECK ALL THAT APPLY:

FEDERAL AGENCY STATE AGENCY LOCAL AGENCY

FEDERAL COURT STATE COURT

SECTION G

PLEASE PROVIDE INFORMATION ABOUT A CONTACT PERSON AT THE AGENCY/COURT WHERE THE COMPLAINT WAS FILED:

CONTACT NAME _____

TITLE _____

NAME OF AGENCY _____

ADDRESS _____

TELEPHONE _____

SECTION H

PLEASE PROVIDE INFORMATION ABOUT THE AGENCY THE COMPLAINT IS AGAINST:

CONTACT NAME _____

TITLE _____

NAME OF AGENCY _____

ADDRESS _____

TELEPHONE _____

SECTION I

YOU MAY ATTACH ANY WRITTEN MATERIALS OR OTHER INFORMATION THAT YOU THINK IS RELEVANT TO YOUR COMPLAINT.

SIGNATURE AND DATE REQUIRED BELOW

SIGNATURE

DATE

SECTION J

PLEASE SUBMIT THIS FORM BY EMAIL, IN PERSON AT THE ADDRESS BELOW, OR MAIL THIS FORM TO:

ADA COORDINATOR
WHATCOM TRANSPORTATION AUTHORITY (WTA)
4111 BAKERVIEW SPUR
BELLINGHAM, WA 98226

EMAIL: COMMENT@RIDEWTA.COM

SEND TO WTA