

## ADA Complaint Form Dare County Transportation

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity and access for persons with disabilities for a variety of activities of daily living. The Federal Transit Administration requires that 'No qualified person with a disability shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance administered by the Department of Transportation.'

| 1. Complainant Contact informatic                                     | וזכ                                     |         |                          |
|---|---|---------|--------------------------|
| Name  |   |         |                          |
| Address   |   |         |                          |
| City  |   | State _ | Zip Code                 |
| Phone   | Work phone                              |         |                          |
| 2. Person discriminated against (if<br>Name                           |   | -       | ant)                     |
| Address   |   |         |                          |
| City  |   | State _ | _ Zip Code               |
| Phone   |   |         |                          |
| 3. What date did the alleged ADA                                      | discrimination take place? <sub>-</sub> |         |                          |
| 4. Describe the alleged discrimina responsible. If the space below is | •                                       |         | •                        |
|   |   |         |                          |
|   |   |         |                          |
|   |   |         |                          |
| 5. Have you filed this complaint wit                                  | •                                       | or Loc  | al agency; or within any |

| 6. If yes, check all that apply:                              |                                |
|---|--------------------------------|
| Federal Agency State Agency State                             | ate Court Local Agency         |
| 7. Please provide contact information for the agency or court | where the complaint was filed. |
| Name  |                                |
| Address   |                                |
| City  | State Zip Code                 |
| Phone   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
| Complainant's Signature                                       | Date                           |

All complaints must be submitted on the ADA complaint form. You may attach additional information that may be relevant to your complaint. The investigation will be conducted and completed within 60 days of the receipt of the written complaint.

Send all complaints by mail to:

| Local  | State  | Federal   |
|--|--|---|
| Dare County Transportation<br>954 Marshall Collins Drive<br>Manteo, NC 27954 | NCDOT<br>Office of Civil Rights<br>ADA Program<br>1511 Mail Service Center<br>Raleigh, NC 27699-1511 | ADA Program Coordinator<br>FTA Office of Civil Rights<br>East Building, 5th Floor<br>TCR, 1200 New Jersey<br>Avenue, S.E.<br>Washington, DC 20509 |