



Discrimination ADA/Title IV Complaint Form

SECTION I:	
Name:	
Address:	
Telephone Number:	
Email:	

SECTION II:	
Are you filing this complaint on your own behalf?	YES or NO
<i>*If you answered "yes" to this question, go to SECTION III:</i>	
If not, please supply the name and relationship of the person for whom you are complaining.	
Please explain why you have filed for a third party:	
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	YES or NO

SECTION III:
I believe the discrimination I experienced was based on (check all that apply):
RACE COLOR NATIONAL ORIGIN DISABILITY
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 know) as well as name and contact information of any witnesses.

SECTION IV:

Have you previously filed a discrimination complaint with this agency? Or law enforcement agency's?

YES OR NO

If yes, please provide any reference information regarding your previous complaint.

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

Signature: _____ **Date:** _____ .

Please submit this form in person at the address below, or mail this form to:

Warren County Public Transit

1360 S Main Street

Monmouth, IL 61462