

DISCRIMINATION COMPLAINT FORM
Gadsden Transportation Services
(GTS)

Gadsden Transportation Services is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of discrimination because of a disability. Discrimination complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact Gadsden Transportation Services by calling (256) 549-4519. The completed form must be returned to:

ADA Appeals Panel
City of Gadsden, Room 412
Gadsden, AL 35901.

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell) _____ (message)

E-mail address: _____

Person(s) discriminated against (if someone other than complainant):

Street Address, City, State, Zip Code of all person(s) discriminated against (Attached additional sheets if necessary):

Any mobility aids used? Yes or No (If yes, please state): _____

Please indicate why you believe the discrimination occurred:

____ Disability

____ Other

What was the date & time of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw it:

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

1. _____
2. _____
3. _____

List names of employees on duty: _____

Have you filed a complaint with any other federal, state or local agencies? If so, list agency/agencies and contact information below.

_____ Yes

_____ No

Agency: _____

Contact Person: _____ Address _____

Phone Number: _____ City, State _____

Please attach any documents you have which support the allegation. Then date and sign this form and send to:

ADA Appeals Panel

City of Gadsden, Room 412

Gadsden, AL 35901.

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Printed Name

FOR OFFICE USE ONLY

Date Received: _____

Received By: _____