



Concho Valley Transit

510 N. Chadbourne

San Angelo, TX 76903

Phone : 325.947.8729 Fax : 325.227.6852

Email : cvtdinfo@cvcog.org

Web site: www.cvtd.org

ADA Complaint Form

The Americans with Disabilities Act of 1990 (ADA), provides that no individual with a disability shall, on basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any CVT program, service, or activity.

If you have a complaint under the ADA, complete this form and submit it to CVT, Management/Civil Rights Officer.

I. Complainant Information

Name:		
Address:		
City:	State:	Zip
Telephone:	E-mail Address:	
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other		

II. Primary/ Third Party Information

<p>Are you filing this complaint on your own behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you answered "YES" to the question, go to section III.</p> <p>If you answered "NO" to the question, answer the following questions.</p> <p>a. Please supply the name and relationship of the person for whom you are complaining?</p>

b. Please explain why you have filed for a third party?
c. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Complaint Received:

III. Complaint Basis

Date of Alleged Discrimination (MM/DD/YYYY):
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 the 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 side of this form or a separate sheet of paper.

IV. Complaint Filing Contact

Have you previously filed an ADA complaint with CVT? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you filed this complaint with any federal, state, local agency, or with any federal or state court? <input type="checkbox"/> YES <input type="checkbox"/> NO

If "YES", check all that apply:		
<input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court		
Please provide information for a contact person at the agency/court where the complaint was filed.		
Name:	Title:	
Agency:		
City:	State:	Zip Code:
Telephone:		

Please submit this form in person at the address below or mail this form to: **Concho Valley Transit, 510 N Chadbourne St., San Angelo, TX 76903, Phone: 325.947.8729**

Attention: ADA Compliance/ Civil Rights Officer

OFFICE USE ONLY
Jurisdiction: On or Before 180 days post event
Closure:
<input type="checkbox"/> 1 - Closure Letter <input type="checkbox"/> 2 - Letter of Findings

Appeal: 10 days post receipt date of Closure Letter or Letter of Findings