

VTC ADA Complaint Form

Instructions: Please complete form. Fields marked with an asterisk (*) are required.

*Name: _____

*Address: _____

Email address: _____

*Phone number with area code: _____

*How do you prefer to be contacted? Please choose one:

Phone Email U.S. Postal Service

Accessible Format Requirements:

Large Print TDD Audio or Other: _____

*Are you filing this complaint on your own behalf? Yes No

If not, please provide the name of and your relationships to the person for who you are filing the complaint:

Name: _____ Relationship _____

*Date of alleged incident of discrimination based on disability: _____

*Time of day: _____

*Describe as clearly as possible the alleged incident and why you believe you were discriminated against due to a disability. Provide descriptions of all persons involved. If you have the information, please provide the name or any information about the person you believe discriminated against you and any names or contact information of any witnesses. **Please add pages if you need more space to provide your information.**

Have you filed this complain with any other Federal, State or Local agency or with any Court of Law? __Yes __No

If yes, please provide the name of the agency or court: _____

Please provide contact information about the agency/court to which or person to whom you filed the complaint.

Name: _____

Title: _____

Agency: _____

Address: _____

Phone Number: _____

Email address: _____

Please note: you may attach any written materials or other information documenting your complaint.

Please mail this completed form to the ADA Coordinator at the following address:

ADA Coordinator
Volunteer Transportation Center, Inc.
203 N. Hamilton Street
Watertown, New York 13601