

City of Casper Transit Division



ADA Complaint Form

The American's with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to file a complaint with Casper Area Transit for alleged violations of ADA. If you need assistance completing this form or if needed in a different language, please contact us by phone at 307-235-8212 or TTY/TTD at 7-1-1.

All information contained in this form remains confidential.

detail concerning the alleged discrimination.

Section 1: Contact information Please provide your name and contact information				
Name:				
Address:				
City:				
State:	Zip:			
County				
Home Phone:	Cell Phone:			
Email Address:				
Do you require an accessible format?	Large Print Audio Tape			
	TTY/TDD			
Section II:				
Are you filing this complaint on your own behalf? * Yes \(\sum \) No \(\subseteq \)				
*If you answered "yes" to this section, go to Section III.				
If not, please supply the name and relationship of the person for whom you are filing:				
Have you obtained permission from this person? Yes No				
Section III:				
If you believe you were discriminated against based on a disability, please provide as much				

Date of Alleged Discrimination (Month, Day,	Year):	Time:
Transit Line/Route:	Vehicle ID or Name:_	
Location:		
Name(s) of Employee(s) involved:		
Explain as clearly as possible what happened against. Please also include the date of incide Describe all persons who were involved. Includerson(s) who discriminated against you (if kinformation. If more space is needed, please	ent if different from d ude the name and cor nown) as well as nam	ate complaint is being filed. ntact information of the nes and contact
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Please also compl	ete page 3 of this form	

Section IV:				
Have you previously filed an ADA complaint with Casper Area Transit? Yes No				
Contact Name:	Phone number:			
Section V:				
Have you filed this complaint with any other federal, state, or local agency, or with any				
federal or state court? Yes No				
If so, list agency/agencies and contact information below.				
Agency:	Contact Name:			
Address:	Phone:			
Agency:	Contact Name:			
Address:	Phone:			
You may attach any written materials or other information that you think is relevant to your complaint.				
Your signature and date are required below:				
Complainant Signature	Date			
If you need assistance completing this form, contact the City of Casper at:				
Risk Manager				
Physical Address: 200 North David Street Mailing Address: 200 North David Street				
Casper, WY 82601				
307-235-8212 (Office)				
7-1-1 (TTY/TDD)				
307-235-7575 (fax)				
OFFICE USE ONLY				
DATE RECEIVED:	RECEIVED BY:			