

ADA Complaint Form

Greater Peoria Mass Transit District (GPMTD)

GPMTD is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of disabilities as provided by the Americans with Disabilities Act of 1990 (ADA). ADA complaints should be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the GPMTD Director of Mobility by calling (309) 679-8139. The completed form must be returned to GPMTD, Director of Mobility, 2105 NE Jefferson Ave, Peoria, IL 61603.

NAME:	DAYTIME PHONE:
STREET ADDRESS:	CITY, STATE, ZIP CODE:

PERSON DISCRIMINATED AGAINST (IF SOMEONE OTHER THAN COMPLAINANT):

NAME:	DAYTIME PHONE:
STREET ADDRESS:	CITY, STATE, ZIP CODE:

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

DESCRIBE THE ALLEGED DISCRIMINATION INCIDENT. PROVIDE THE NAMES AND TITLES OF ALL DART EMPLOYEES RESPONSIBLE. EXPLAIN WHAT HAPPENED,

HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCIES? (CHECK ONE)

YES

NO

IF SO, LIST AGENCY/AGENCIES AND CONTACT INFO:

AGENCY:	CONTACT NAME:
ADDRESS:	PHONE NUMBER:

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ADDRESS:	PHONE NUMBER:

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND IT IS TRUE TO MY BEST KNOWLEDGE.

COMPLAINANT'S SIGNATURE

DATE

PRINT OR TYPED NAME OF COMPLAINANT

DATE RECIEVED:

RECEIVED BY: