



Mountain Metropolitan Transit ADA Discrimination Complaint Form

Instructions: To submit an ADA discrimination complaint to Mountain Metropolitan Transit, please print and complete the following form, sign and return to Mountain Metropolitan Transit. If you need assistance completing this form, please reach out to the Civil Rights Administrator at 719-385-7433 or at transitinfo@coloradosprings.gov.

Section I:			
1. Name (Complainant)			
2. Home Address (Street No., City, State, Zip)			
3. Phone:	4. Email Address:		
5. Accessible format requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Other (Please Explain): _____			
Section II:			
6. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "yes" to this question, please go to Section III .			
7. If you answered "no", to question 6, please describe your relationship to the person (Complainant) for whom you are filing:			
8. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on their behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section III			
9. Have you previously filed a complaint with Mountain Metropolitan Transit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Have you filed a complaint with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. If "yes", please provide the name of the agency(ies) you filed the complaint with.			
<u>Agency/Court</u>	<u>Contact Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Section IV:

13. Date of Incident:

14. If applicable, name of person(s) whom you feel discriminated against you:

Please provide a brief explanation of the incident and how you feel you were discriminated against, including how you feel others may have been treated differently than you. If you require additional space or have written material pertaining to your complaint, please attach to this form.



How can this issue be resolved to your satisfaction?

Please list any person(s) we may contact for additional information to support or clarify your complaint:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

Section V:

Signature:	Date:
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Please mail your completed form to: Mountain Metropolitan Transit
 Attn. Civil Rights Administrator
 1015 Transit Drive
 Colorado Springs, CO 80903

Or Email
transitinfo@coloradosprings.gov