



MEIGS COUNTY PUBLIC TRANSIT

Post Office Box 344 – 150B Mill Street, Middleport Ohio 45760

Theresa L. Lavender, Director

ADA COMPLAINT FORM

The Federal Transit Administration Office of Civil Rights is responsible for ensuring that providers of public transit properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 {ADA),

If there is a complaint, Meigs County Public Transit (MCPT) will acknowledge receipt of the complaint within 10 business days. The complainant has 180 days to file it with MCPT. In the investigation process, Meigs County will analyze the allegations for possible deficiencies. If deficiencies are identified, MCPT has a maximum of 30 days to respond and correct the inadequacies. Individual Complaints will be retained for 1 years. A summary of all complaints will be kept for 5 years.

Complete this form and return to:

**Meigs County Public Transit
Attention: Julie Scherfel
175 Race Street, Middleport Ohio 45760
Julie.Scherfel@jfs.ohio.gov
Fax: (740) 992-7500**

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing.

I believe that I have been (or someone else has been) discriminated against on the basis of my/their disability. **Yes / No** (Please circle one).

Assistance is available upon request. Please contact Julie Scherfel at 740-444-7647.

Complainants Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Telephone Home: _____ Telephone Cell: _____

Email Address: _____

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

Accessible Requirements?	Format	<input type="checkbox"/> Large Print <input type="checkbox"/> TDD	<input type="checkbox"/> Audio Tape <input type="checkbox"/> Other
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Telephone: 740-444-5555



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Person (s) Discriminated Against (if other than complainant):

Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Telephone Home: _____ Telephone Cell: _____

Email Address: _____

If not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No
I believe the discrimination I experienced was based on:			
Date of Alleged Discrimination (Month, Day, Year) _____		Time: _____	
Location		Agency/Person who was responsible for alleged discrimination	
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 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 of this form.			

May attached any written material or other supporting information that you think is relevant to your complaint.

Have you previously filed a Civil Rights Complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The above information is true and accurate to the best of my knowledge.

Signature	Date
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