ADA Complaint Form

Instructions: If you would like to submit an ADA complaint to the Transit Authority of River City (TARC), please fill out the form below and send it to:

TARC, Office of Diversity & Inclusion, 1000 W. Broadway, Louisville, KY, 40203 or email it to info@ridetarc.org. You may also call 502-585-1234.

1. Name (Complainant): 

2. Phone: 

3. Home address (street no., city, state, zip): 

4. If applicable, name of person(s) who allegedly discriminated against you: 

5. Location and position of person(s) if known: 

6. Date of incident: 

7. Explain as briefly and clearly as possible what happened and how you believe your Americans with Disability Act (ADA) violations occurred. Indicate all parties who were involved in the alleged incident or what equipment/access needs to be modified. Also, attach any written material pertaining to your case.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
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<td>9. Why do you believe these events occurred?</td>
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<td>10. What other information do you think is relevant to the investigation?</td>
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<td>11. How can this/these issue(s) be resolved to your satisfaction?</td>
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<td>12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):</td>
<td></td>
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<tr>
<td>Name:</td>
<td>Address:</td>
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</table>
13. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?
   □ Yes  □ No

If yes, check all that apply:
   □ Federal agency  □ Federal court  □ State court
   □ Local agency    □ State agency

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.
Agency/Court:   Contact’s Name:   Address:   Phone number:

Signature (Complainant):   Date of filing: