

ADA Complaint Form

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

TARC
Office of Diversity and Inclusion
1000 W. Broadway
Louisville, KY, 40203

If you require assistance completing the form, or would like a full copy of TARC's Title VI policy and complaint procedures call 502-585-1234, or 502-213-3240 (TTY) or email info@ridetarc.org.

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 you were discriminated against. Indicate all parties involved in the alleged incident or what equipment/access needs to be modified. Also attach any written material pertaining to your case.	

8. Why do you believe these events occurred?	
9. What other information do you think is relevant to the investigation?	
10. How can this/these issue(s) be resolved to your satisfaction?	
12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):	
Name:	Address:
Phone number:	
13. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check all that apply:	
<input type="checkbox"/> Federal agency <input type="checkbox"/> Federal court <input type="checkbox"/> State court <input type="checkbox"/> Local agency <input type="checkbox"/> 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: