**Americans with Disabilities Act (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 ADA policy and complaint procedures call 502-585-1234, or 502-213-3240 (TTY) or email info@ridetarc.org.

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<tbody>
<tr>
<td>1. Name (Complainant):</td>
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<tr>
<td>2. Phone:</td>
<td>3. Home address (street no., city, state, zip):</td>
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<tr>
<td>4. If applicable, name of person(s) who allegedly discriminated against you:</td>
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<td>5. Location and position of person(s) if known:</td>
<td>6. Date of incident:</td>
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<td>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.</td>
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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?
   □ 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: