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.

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 were discriminated against. Ind what equipment/access needs to pertaining to your case.	icate all parties involve	d in the alleged incident or		

8. Why do you believe these events occurred?				
9. What other information do	you think is no	lowent to the in	avactication?	
9. What other information do	you unlik is re.	ievani to the n	ivestigation?	
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):				
	Address:		none number:	
12 11 (21 1.11: 1	* 4 *41	.1 C.1 1		
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 court	□ State cou	ırı	
	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:			Phone number:	
Signature (Complainant):			Date of filing:	