

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 Civil Rights and Compliance
1000 W. Broadway
Louisville, KY, 40203

If you require assistance completing the form, or would like a full copy of TARC's ADA 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.	

<p>8. Why do you believe these events occurred?</p>											
<p>9. What other information do you think is relevant to the investigation?</p>											
<p>10. How can this/these issue(s) be resolved to your satisfaction?</p>											
<p>12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Name:</td> <td style="width: 33%;">Address:</td> <td style="width: 33%;">Phone number:</td> </tr> </table>		Name:	Address:	Phone number:							
Name:	Address:	Phone number:									
<p>13. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, check all that apply:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Federal agency</td> <td><input type="checkbox"/> Federal court</td> <td><input type="checkbox"/> State court</td> </tr> <tr> <td><input type="checkbox"/> Local agency</td> <td><input type="checkbox"/> State agency</td> <td></td> </tr> </table> <p>If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Agency/Court:</td> <td style="width: 25%;">Contact's Name:</td> <td style="width: 25%;">Address:</td> <td style="width: 25%;">Phone number:</td> </tr> </table>		<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		Agency/Court:	Contact's Name:	Address:	Phone number:
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Agency/Court:	Contact's Name:	Address:	Phone number:								
Signature (Complainant):	Date of filing:										