## MEDINA COUNTY PUBLIC TRANSIT

## ADA-RELATED COMPLAINT FORM

## This form should be filed with MCPT's Supervisor as shown below

Section I:						
Name:						
Address:						
Telephone (Home):		Telephone (Work):				
Electronic Mail Address:						
Accessible Format	Large Print		Audio Tape			
Requirements?	TDD		Other			
Section II:				1		
Are you filing this complaint on your own behalf?			Yes*	No		
*If you answered "yes" to this question, go to Section III.						
If not, please supply the name and relationship of the person for whom you are complaining:						
Please explain why you have filed for a third party:						
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	N	0	
Section III:						
Date of Alleged ADA-related Infraction (Month, Day, Year):						
Explain as clearly as possible v ADA obligations. Indicate the involved including the names a please use the back of this form	facilities or equipment in and contact information of	volved. 1	Describe all perso	ns who	were	
Section IV  Have you previously filed an A MCPT?	DA-related complaint w	rith	Yes	No		
MCPT?						

Section V	
Have you filed this complaint with any othe State court?	er Federal, State, or local agency, or with any Federal or
[] Yes [] No	
If yes, check all that apply:	
[] Federal Agency:	<del>_</del>
[] Federal Court	[ ] State Agency
[] State Court	[ ] Local Agency
Please provide information about a contact p filed.	person at the agency/court where the complaint was
Name:	
Title:	
Agency:	
Address:	
Telephone:	
You may attach any written materials or othe complaint. Signature and date required below	er information that you think is relevant to your
Signature	Date

Please submit this form in person at the address below, or mail this form to:

Medina County Public Transit Attn: Hank Lemasters, Operations Supervisor 6094 Wedgewood Rd. Medina, Ohio 44256