

**Mountain Valley Transit
ADA Complaint Form**

Complaints must be filed within 180 days of the alleged act of discrimination.

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Email: _____

Accessible Format Requirements?

Large Print _____ Audio Tape _____ TDD _____ Other _____

Are you filing this complaint on your own behalf? Yes _____ No _____
(If you answered "yes" to this question, go to the next question.)

If "no", 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 _____ No _____

Have you previously filed an ADA complaint with this agency? Yes _____ No _____

Name of agency complaint is against: _____

Contact Person: _____

Title: _____

Telephone Number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route, witnesses and any other information that would assist us in our investigation. Please also provide any other documentation relevant to this complaint.

Please sign here: _____ Date: _____

Note: We cannot accept your complaint without a signature.

Please mail your completed form to:

Executive Director, Mountain Valley Transit
54 Jones Avenue, Salida, CO 81201

Or email to: chair@mountainvalleytransit.com