

**ASHLAND PUBLIC TRANSIT**  
**ADA COMPLAINT FORM**  
**AND INSTRUCTIONS**

To submit an ADA complaint to Ashland Public Transit, please complete the following form, sign and mail, email, fax or return in person to:

**City of Ashland**  
**Attn: Transit ADA Coordinator**  
**206 Claremont Avenue**  
**Ashland, OH 44805**

<b>Email: <a href="mailto:mcclurg.liz@ashland-ohio.com">mcclurg.liz@ashland-ohio.com</a></b>	<b>Fax: (419) 289-9613</b>
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If you require additional assistance with this form please call (419) 289-8221.

**INSTRUCTIONS**

**Section I:**

Complete all information in this section.

**Section II:**

Check box that applies and complete section as directed.

**Section III:**

This form is only for reporting complaints pertaining to disability discrimination; fill in information as completely as possible.

**Section IV:**

Check appropriate box.

**Section V:**

Check "yes" or "no", if "yes" is selected complete section.

# ASHLAND PUBLIC TRANSIT ADA COMPLAINT FORM

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Alternate):	
Email Address:				
<b>Accessible Format Requirements?</b>	Large Print		Audio Recording	
	TDD		Other	
<b>Section II:</b>				
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	[ ] No
<b>Section III:</b>				
This form is for reporting discrimination based on disability:				
Date of Occurrence:			Time of Occurrence:	
Mobility aid used (if any):				
Name(s) of agency employee(s) complaint is against and vehicle number if known:				
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of the next page.</p> <hr/>				

