

PLEASE PRINT CLEARLY

SECTION I

Today's Date: _____
Name: _____
Street address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Cell Phone #: _____
Work Phone #: _____ Email: _____
Do you require an accessible format? _____
Large Print _____ TTY/TDD _____ Audio Tape _____ Other _____

SECTION II

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 filing:
Name: _____ Relationship: _____
Address of person discriminated against: _____
Have you obtained permission from this person? Yes _____ No _____
Please explain why you have filed on behalf of this person:

SECTION III

If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.
Date of Alleged Discrimination (Month, Day, Year): _____ Time: _____
Type of Transit: Dial A Ride: _____ Fixed Route _____ Other: _____
Transit Line / Route: _____ Vehicle ID or Name: _____ Location: _____
Name(s) of Employee(s) involved: _____
Explain as clearly as possible what happened and why you believe you were discriminated against. Use the back of this form if needed for more space.

What type of corrective action would you like to see taken? _____

SECTION IV

Have you previously filed an ADA complaint with PORTCO? Yes____ No____

If yes, was your complaint resolved? Yes____ No____

If yes, who handled your complaint? _____

SECTION V

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 Agency:____

Federal Court:____

State Agency:____

State Court:____

Local Agency:____

Local Court:____

Please provide contact information for the person you spoke to at the above Agency:

Name: _____ Title: _____

Agency: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date is required to file this complaint.

Complainant Signature: _____ Date: _____

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

PORTCO, Inc.
Attn: Linell Hunter
7025 Harbour View Blvd.
Suffolk, VA 23434
757-399-2444
757-673-2326 (fax)
lhunter@portco.org