

Guilford County Transportation and Mobility Services  
**ADA DISCRIMINATION COMPLAINT FORM**

<b>1. Name (Complainant)</b>  <b>2. Home Address (Street, City, State, Zip)</b>  <b>3. Telephone (s)</b>  <b>E-mail Address</b>	<b>4. Person discriminated against (if other than complainant)</b>  Name  Address  City, State, Zip  Telephone number(s)	
<b>5. Name of person(s) who allegedly discriminated against you, if known</b>	<b>6. Date of allegedly incident</b>	<b>7. Location of alleged incident</b>
<b>8. Type of alleged discrimination</b>	<b>9. Explain what happened and how you believe you were discriminated against (how you feel other person were treated differently than you) Indicate who was involved and explain their role.</b>	
<b>10. Fully indentify any person(s) we may contact for additional information to support of clarify your allegations [name, address, telephone(s)]</b>		
<b>11. What other information do you have which is relevant to an investigation of this complaint?</b>		
<b>12. How can your issue(s) be resolved to your satisfaction?</b>	<b>13. If you have filed this complaint with Guilford County Transportation and Mobility Services before, please specify when, where, and how?</b>	
<b>Signature</b>	<b>Date:</b>	
<b>Intake by (ADA Investigator):</b>		
<b>If you need more space, attach additional sheet(s). Also attach any supporting documentation you have.</b>		