

Spokane Regional Transportation Council

ADA Complaint Form

Discrimination against individuals with disabilities is prohibited by Section 504 of the Rehabilitation Act of 1973 and Title II the Americans with Disabilities Act of 1990. These laws ensure that “no otherwise qualified individual with a disability shall, solely by the reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination” in the delivery of government services, programs and activities.

This complaint process is designed for members of the public to resolve conflicts with the Spokane Regional Transportation Council (SRTC) involving allegations of discrimination in accessing SRTC programs or services. The following information is necessary for processing and investigating complaints.

If you wish to file a complaint, please complete this form and explain as clearly as possible what happened and why you believe you were discriminated against. If any assistance is needed to complete the form, please contact the SRTC Office at (509) 343-6370.

Section I: (Complainant Information):		
Name:		
Address:		
Telephone (Home):	Telephone (Secondary):	
Email Address:		
Section II (Third Party Information):		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to the above 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 to file on their behalf.	Yes	No
Section III (Description of Complaint):		
The alleged discriminatory action(s) was based on (check all that apply): <input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Other Disability		
What is the date of the alleged discriminatory action? If the discrimination happened over the course of time, please include the earliest date of discrimination and the most recent date of discrimination.		

Explain as clearly as possible what happened and how you were discriminated against. Describe the nature of the actions, decisions, or conditions resulting in the alleged discrimination and who you believe was responsible for the discriminatory action. (Attach additional pages if needed.)

Are there any persons who may have knowledge about the alleged discrimination (e.g. witnesses, etc.)? If so, please provide the names and contact information for any such persons. (Attach additional pages if needed.)

Is there any additional information that may assist with the investigation of this complaint (e.g. supporting documentation, recordings, photographs, etc)? If so, please provide a summary of the information below and include copies of the documentation with this form. (Attach additional pages if needed.)

Section IV (Previous Complaints):

Have you previously filed a complaint with the SRTC?	Yes	No
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Section V (Other Filings of the Complaint):

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: _____

Please provide information for a contact person at the agency/court where the complaint was filed. (Attach additional pages if needed.)

Name:

Title:

Agency:

Address:

Telephone:

Email Address:

Please sign and date below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature

Date

Please submit this form to:

ADA Coordinator
Spokane Regional Transportation Council
421 W Riverside Ave., STE 500
Spokane, WA 99201

Or by email to: mredlinger@srtc.org