

JAUNT ADA DISCRIMINATION COMPLAINT FORM

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

ADA Compliance Officer, Jaunt, 104 Keystone Place, Charlottesville, VA 22902

You can reach our office Monday-Friday from 8:30 am to 4:30 pm at 434.296.3184, or you can email the ADA Compliance Officer at ada@ridejaunt.org

Complainant's Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No. (Home): _____ **(Business):** _____

Email Address: _____

Person discriminated against (if other than complainant):

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____

The name and address of the agency, institution, or department you believe discriminated against you.

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of incident resulting in discrimination: _____

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

Does this complaint involve a specific individual(s) associated with Jaunt? If yes, please provide the name(s) of the individual(s), if known.

Where did the incident take place?

Are there any witnesses? If so, please provide their contact information:

Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone No.: _____

Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone No.: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date