

**Central West Virginia Transit Authority  
ADA COMPLAINT FORM**

If you have a complaint about the accessibility of our transit system or believe you have been discriminated against because of your disability, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Vanessa Perkins, General Manager  
Central West Virginia Transit Authority  
208 North 4th Street  
Clarksburg, WV 26301  
info@centrabus.com / fax: 304-623-2950

<b>1. Complainant's name:</b>
Address:
City: State: Zip Code:
Daytime telephone:
E-mail address:
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Are you filing this complaint on your own behalf?</b> <input type="checkbox"/> Yes If YES, please go to question 6. <input type="checkbox"/> No If NO, please go to question 3.
<b>3. Please provide your name and address.</b> Name of person filing complaint:
Address:
City: State: Zip Code:
Daytime telephone:
E-mail address:
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. What is your relationship to the person for whom you are filing the complaint?</b>
<b>5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.</b> <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission
<b>6. I believe that the discrimination I experienced was based on</b> (check all that apply) <input type="checkbox"/> Accessibility issue <input type="checkbox"/> Discrimination based on disability <input type="checkbox"/> Other
<b>7. Date of alleged discrimination</b> (Month, Day, Year):

**8. Where did the alleged discrimination take place?**

**9. Explain as clearly as possible what happened and why you believe that you were discriminated against.** Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

**10. Please list any and all witnesses' names and phone numbers/contact information.** *Use the back of this form or separate pages if additional space is required.*

**11. What type of corrective action would you like to see taken?**

**12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court?**  Yes If yes, check all that apply.  No

- Federal Agency (List agency's name)
- Federal Court (Please provide location)
- State Court
- State Agency (Specify agency)
- County Court (Specify court and county)
- Local Agency (Specify agency)

**13. Please provide information about a contact person at the agency/court where the complaint was filed.**

Name:	Title:	
Agency:	Telephone:	
Address		
City:	State:	Zip Code:

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

Signature and date is required:

\_\_\_\_\_  
Signature Date

If you completed Questions 3, 4 and 5, your signature and date is required

\_\_\_\_\_  
Signature Date