Trailblazer Transit
ADA Complaint Process

Background

The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any federally funded program, service, or activity.

Trailblazer Transit is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services by providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call the contact person below at (320) 864-1000. **Once this form is completed, you must return a signed and dated copy to:**

Trailblazer Transit
Gary R. Ludwig, Executive Director
207 West 11th Street, Glencoe, MN 55336
gludwig@trailblazertransit.com

Note: The information on the form is necessary to properly process your complaint. Should you require any assistance completing this form, please call (320) 864-1000.

Trailblazer Transit - ADA Complaint Form

PLEASE PRINT

Section I:				
Name of Person Completing Form:				
Address:				
Telephone (Home/Cell):	**Telephone (Work):**			
Email (optional):				
Do you require an accessible format?	Large Print		Audio Tape	
	TTY/TDD		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:		
Have you obtained permission from this person to file the complaint?	Yes	No

Section III:

If you believe Trailblazer Transit discriminated based on a disability, please provide as much detail as possible concerning the alleged discrimination.

Date of Alleged Discrimination (Month, Day, Year): _____ Time: _____

Name(s) of Employee(s) involved: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.

_____

_____

_____

_____

_____

Section IV		
Have you previously filed an ADA complaint with this agency?	Yes	No
If yes, provide contact name: telephone number:		

Section V
Have you filed this same 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 communicated with at each of the agencies you listed above (use the back of this form, if necessary).
Contact Name: **Title:**
Agency Name:
Address:
Telephone:

Important Notice: To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in automatic dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Signature and date required below:

_____ _____/_____/_____
Signature of Person Filing Complaint Date

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