

NASHVILLE MTA/RTA ADA COMPLAINT FORM

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities in everyday activities. The ADA prohibits discrimination on the basis of disability.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the ADA Coordinator (see below).

Section I:

Name:

Address:

Telephone (Home)

Telephone (Work)

E-mail Address:

Accessible Format
Requirements?

Large Print

Braile

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 complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes

No

Section III:

I believe that the discrimination I experienced was based on (check all that apply):

Disability

Date of Alleged Discrimination (MM/DD/YYYY):

Please explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. (If known) Include the name and contact information of the person(s) who discriminated against you as well as names and contact information of any witnesses. If more space is needed, please use the back of this form:

Section IV

Name of agency or department with which you are filing your complaint:

Name of individual your complaint is against (if known):

Title of individual your complaint is against (if known):

Contact information of individual your complaint is against (if known):

Have you previously filed a Title VI complaint with this agency?

Yes

No

Section V

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:

State Agency:

Federal Court:

Local Agency:

State Court:

Please give the contact information for a person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

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

Attachments: Yes

No

Signature and date are required below:

Signature

Date

Submit form and any additional information by mail:

Nashville Metropolitan Transit Authority

Tanesha Durham, ADA Coordinator

430 Myatt Drive

Nashville, TN 37115

Note: This form may be emailed or faxed however an original copy with the original signature must also be provided

Fax: (615)880-3294 attn Tanesha Durham

Email: Tanesha.durham@nashville.gov