

## WNCSource Transportation – ADA Complaint Form

Do you think you have been discriminated against, excluded or denied service by WNCSource Transportation due to a disability?

WNCSource is committed to ensuring that no qualified individual with a disability shall, by reason of such disability, be excluded from the participation in or denied the benefits of, or be subjected to discrimination by WNCSource (Americans With Disabilities Act of 1990).

Complaints under the ADA law must be filed within 180 days from the date of the alleged discrimination. Please complete the information below to file your complaint. If you need help completing this form, call WNCSource, at **(828) 693-1711** or email **[bkimmons@wncsource.org](mailto:bkimmons@wncsource.org)**. As a complainant, if you are not provided, please request a copy of the *Process and Procedures for Addressing American with Disabilities Act Complaints*.

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Who was discriminated against? (Please circle)    You?    Someone Else?

If someone else was discriminated, please provide the following information:

Name(s): \_\_\_\_\_ Street Address \_\_\_\_\_

City State & Zip Code: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Please describe the alleged discrimination incident. If possible, provide the names and titles of all WNCSource employees involved. Explain what happened and who you believe was responsible. Use the back of this form if additional space is required.

Have you filed a complaint with any other federal, state or local agencies?  
(Circle one) Yes / No

If so, list agency or agencies and contact information below:

|   |               |
|---|---------------|
| Agency:                                 | Contact Name: |
| Street Address, City, State & Zip Code: | Phone:        |
| Agency:                                 | Contact Name: |
| Street Address, City, State & Zip Code: | Phone:        |

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainants Signature

Date

**Please return the completed and signed form to: WNCSource, P.O. Box 685 Hendersonville, NC 28792. Complainants have the right to submit their complaint to any point in the process directly to: FTA (Federal Transit Administration), Office of Civil Rights Region IV, 230 Peachtree, NW, Suite 800, Atlanta, GA 30303. Ph. (404) 865-5600.**

*Any appeal will be heard by a separate person or committee than who made the original decision.  
An appeal may be filed mail.*

|                                    |
|------------------------------------|
| <b>WNCSource Use Only:</b>         |
| Print or Type Name of Complainant: |
| Date Received:                     |
| Received By:                       |