



## COMMUNITY TRANSPORTATION Americans with Disabilities Act Complaint Form

**Sherman County Community Transportation is dedicated to operating a transit system that serves people of all abilities.** If you believe you have been excluded from, denied the benefits of or been subjected to discrimination due to your disability while using our transportation service, you are encouraged to report it to us. You may also ask for a reasonable modification to make the transportation more accessible to you.

Please print or type your responses below. You may submit this form in person at the address below, mail or email this form to:

Sherman County Community Transportation  
500 Court Street, Moro OR 97039  
Mailing Address: P.O. Box 365, Moro, OR 97039  
Phone: 541-565-3553 Fax: 541-565-3312 Email: [mamenebw@co.sherman.or.us](mailto:mamenebw@co.sherman.or.us)

The Transportation office will respond to your request within 30 business days after receipt. If the complainant is unable to write because of a disability and needs assistance in completing the form please contact our office for assistance. If complainant needs other assistance such as language or sign interpreter or another accessible please contact our office.

### SECTION 1: CONTACT INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### SECTION 2: FILING ON BEHALF OF OTHERS

Are you filing this complaint on your own behalf?  Yes \_\_\_\_\_  No \_\_\_\_\_

If you answered "yes" to this question, go to **Section 3**

If you answered "no" please supply the name and relationship of the person for whom you are filing this complaint.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please explain why you are filing for a third party: \_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party.  Yes \_\_\_\_\_  No \_\_\_\_\_

**SECTION 3: COMPLAINT**

**Date & time of alleged  
discrimination:** \_\_\_\_\_

Describe your complaint in detail. Please be specific. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. Please provide the route, vehicle number, time of day and direction of travel, if you have them, as they can be very helpful.

**I affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_