Civil Rights/ADA Complaint Form

Any person who believes she or he has been discriminated against in the provision of transit service on the basis of race, color, national origin, or on the basis of a disability, may file a complaint against Sherman County Community Transit, operated by Sherman County. You may file a complaint alleging discrimination or failure of Sherman County Community Transit to grant a reasonable request for a modification of transit system policies and practices by completing and submitting a Civil Rights/ADA Complaint Form Sherman County Community Transit investigates complaints received no more than 30 days after receipt. The transit system will communicate the results of all complaints in writing or other accessible formats.

Section I.   Identification

Name: *Name of person filing complaint*

Address: *Address*

City: *City*   State: OR   Zip Code: *ZipCode*

Telephone (H): *Enter #s, no spaces*   Telephone (W): *Enter #s, no spaces*

E-mail Address: *E-mail address*

Alternative Format Required?
(check most usable format)

○ Large Font
○ Braille
○ Audio Tape
○ Electronic File (*e.g.*, Word or PDF)
○ Other (*please specify*):

Specify another format here

Section II.   Filer Information

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:

Name: *Name of complainant*   Relationship: *Relationship to complainant*

Please explain why you have filed on behalf of the complainant:

This field will expand; take as much space as necessary to respond.

Have you secured the permission of the aggrieved party if you are filing on behalf of a third party: ○ Yes   ○ No

Section III.   Complaint Information - Title VI (use Section IV for ADA complaints)

I believe the discrimination I experienced was based on :

Race	Color	National Origin

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include name and the contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses.

This text box will expand to another page (if necessary).

Section IV. Complaint Information - ADA (use Section III for Civil Rights complaints)

What is the nature of the complainant's disability?

This field will expand; take as much space as necessary to respond.

What is the basis for this complaint?

○ I requested, but was not provided, a reasonable accommodation.

○ I requested and was provided accommodation, but the accommodations was not what I asked for.

○ I requested an accommodation, but the transit system did not respond in a timely fashion.

○ I requested an accommodation, but believe my request was unfairly denied.

○ Other (*please explain*): *Explain other reason for complaint*

Please explain as clearly as possible why you think that transit system did not provide a reasonable modification of services and/or policies to support your mobility needs. If the transit system failed to respond to your request in a timely fashion please provide initial date of contact, the original request, and when the transit system responded. If you believe the transit system has unfairly denied your request, please state the reasons why. If applicable, list all persons who were involved.

This field will expand; take as much space as necessary to respond.

Is your complaint based on an event from a specific date?   ○ Yes   ○ No

If "Yes" above, what was that date?   *Use datepicker*

Section V. Other Filings Associated with This Complaint

Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State court?

☐ Federal Agency   Name of Agency:

☐ Federal Court   Name of Court:

☐ State Agency   Name of Agency:

☐ State Court   Name of Court:

☐ Local Agency   Name of Agency:

Section VI. Signature

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

_____   *Use datepicker*

Signature   Date