

ADA DISCRIMINATION COMPLAINT FORM

Maple Grove Transit is committed to providing you with safe and reliable transportation services and we want your feedback. Please complete and submit this form by email, mail, or in person to:

Transit Administrator
City of Maple Grove
12800 Arbor Lakes Parkway
Maple Grove, Minnesota 55369
transit@maplegrovern.gov

Section 1: Complainant Information

First Name: _____ Last Name: _____
Street Address: _____

City: _____ State: _____ Zip Code: _____
Primary Phone Number: _____ Other Phone Number: _____
Email address: _____
Accessible Format Requirements: Large Print TDD/Relay Audio Recording Other

Section 2: Third Party Information

Are you filing this complaint on your own behalf? (If yes, go to Section 3)

First Name of Person Filing Complaint: _____ Last Name of Person Filing Complaint: _____

What is your relationship to the complainant?

Primary Phone Number: _____ Other Phone Number: _____

Email address: _____

Please explain why you have filed for the third party:

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

Section 3: Discrimination Description

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

Time of Occurrence: _____

Have efforts been made to resolve this complaint?

If yes, what is the status of the grievance?

Description of Grievance/Discrimination:

Name/ID of Employee(s) or Others Involved:

Vehicle ID/Route Name or Number:

Direction of Travel:

Location of Incident:

Mobility Aid Used (if any):

If above information is unknown, please provide other descriptive information to help identify the employee:

Section 4: Previous Complaints

Have you previously filed an ADA complaint with this agency?

Has the complaint been filed with the Department of Justice or any other Federal, State or local civil rights agency or court?

If Yes:

Agency or Court:

Contact Name:

Contact Title:

Agency Name:

Phone:

Section 5: Follow Up

State the specific remedy sought to resolve the issue(s):

May we contact you if we need more details or information?

What is the best way to reach you?

If a phone call is preferred, what is the best day and time to reach you?

You may attach any written materials or other information that you think is relevant to your complaint. Please sign (or type) your name and date below.

Complainant Signature

Date