

**Cedar Rapids Transit
ADA Complaint Form**

In compliance with the Americans with Disabilities Act of 1990, Cedar Rapids Transit operates all of its programs and provides public transportation services without regard to disability. Anyone who believes that they have subject to an unlawful discriminatory practice due to a disability by Cedar Rapids Transit has the right to file an ADA complaint with the City of Cedar Rapids. The complaint must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please call 319-286-5573. The completed form must be sent to Human Resources Director, City of Cedar Rapids, 101 First St SE, Cedar Rapids, IA 52401.

Name: _____

Phone & Alternate Phone: _____

Street Address: _____

City, State & Zip Code: _____

Person(s) discriminated against (if someone other than complainant): _____

Contact Information: _____

Describe the alleged discrimination incident as accurately as possible including names, dates and times. Provide the names of all Cedar Rapids Transit employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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

Complainant's Signature: _____ Date: _____