



## Disability Related Complaint Form

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity and access for persons with disabilities. Cities Area Transit (CAT) will investigate and respond to ADA complaints promptly and within ten business days.

Please complete this form and send it to:

Cities Area Transit  
Attn: ADA  
PO Box 5200  
Grand Forks, ND 58206

1. Name of Complainant:

2. Phone Number:

3. Home Address (street, city, state, zip):

4. Name or description of person(s) who allegedly discriminated against you (if applicable):

5. Location(s) where alleged discrimination took place (if applicable):

6. Date(s) and time(s) of alleged discrimination:

7. Do you believe the alleged discrimination is based on the presence of a disability (Yes or No)?

8. Explain as concisely as possible the alleged discrimination:

9. What do you believe caused the alleged discrimination?

10. Please provide any additional information that may be relevant to investigating the alleged discrimination:

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list any person(s) we may contact for additional information to support or clarify this complaint:

Name:

Phone Number:

13. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court (Yes or No)?

If yes, where?

15. I understand that this statement of complaint will be submitted to Cities Area Transit. The complaint may be the basis for review and/or investigation. I sincerely and truly declare and affirm that the statements contained herein are complete, accurate, and factual to the best of my knowledge and belief. I declare and affirm that my statement has been made voluntarily by me, without persuasion, coercion, or promise of any kind.

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Signature

Date

Please attach additional pages if necessary.