JAUNT ADA DISCRIMINATION COMPLAINT FORM

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

ADA Compliance Officer, Jaunt, 104 Keystone Place, Charlottesville, VA 22902

You can reach our office Monday-Friday from 8:30 am to 4:30 pm at 434.296.3184, or you can email the ADA Compliance Officer at ada@ridejaunt.org

Complainant’s Name:______________________________________________________________

Street Address:__________________________________________________________________

City:_________________________ State:______________ Zip Code:____________

Telephone No. (Home):____________________ (Business):__________________________

Email Address:_______________________________________________________________

Person discriminated against (if other than complainant):
Name:_____________________________________________________________________

Street Address:________________________________________________________________

City:_________________________ State:______________ Zip Code:____________

Telephone No.:__________________________

The name and address of the agency, institution, or department you believe discriminated against you.

Name:_____________________________________________________________________

Street Address:________________________________________________________________

City:_________________________ State:______________ Zip Code:____________

Date of incident resulting in discrimination:______________________________
Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Does this complaint involve a specific individual(s) associated with Jaunt? If yes, please provide the name(s) of the individual(s), if known.

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Where did the incident take place?

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Are there any witnesses? If so, please provide their contact information:

Name: __________________________
Street Address: __________________________
City: __________________________ State: __________________________ Zip Code: __________________________
Telephone No.: __________________________

Name: __________________________
Street Address: __________________________
City: __________________________ State: __________________________ Zip Code: __________________________
Telephone No.: __________________________

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant’s Signature __________________________ Signature Date __________________________