



ADA DISCRIMINATION COMPLAINT FORM

In compliance with the Requirements of Title II of the American with Disabilities Act 1990 (ADA), STAR Transit will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities.

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

STAR Transit Manager
William "Bill" Moore
Star Transit Manager
PO Box 126
Tasley, VA 23441
Email: bill@mystartransit.org
Phone: 757-787-8322

or

Phil Thompson
Director of Operations
Virginia Regional Transit
109 N. Bailey Ln
Purcellville, Va. 20132
Email: phil@vatransit.org
Phone: (540) 338-1610

You may reach our office via phone at 757-787-8322 Monday – Friday 8:00am-4:30pm

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: _____

Identify the category of Discrimination:

Disability _____

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 STAR Transit? 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.: _____

Did you file this complaint with another federal, state or local agency; or with a federal or state court?

Yes

No

If answer is Yes, check each agency complaint was filed with:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Other

Please provide contact person information for the agency you also filed the complaint with:

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date Filed: _____

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

Complainant's Signature

Date