Fairmont-Marion County Transit Authority TITLE VI/ADA COMPLAINT FORM

If you believe you have been discriminated against because of your race, color, national origin, or disability, or you have a complaint about the accessibility of our transit system or service, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

George Levitsky, CCTM – General Manager Fairmont-Marion County Transit Authority 400 Quincy Street Fairmont, WV 26554 glevitsky@fmcta.com FAX (304) 366-2308

1. Complainant's name:			
Address:			
City:	State:	Zip Code:	
Daytime telephone:			
E-mail address:			
Do you prefer to be contacted via e-mail?	Yes □ No		
2. Are you filing this complaint on your own behalf?			
☐ Yes If YES, please go to question 6.	☐ No If NO, please	go to question 3.	
3. Please provide your name and add	ress.		
Name of person filing complaint:			
Address:			
City:	State:	Zip Code:	
Daytime telephone:			
E-mail address:			
Do you prefer to be contacted via e-mail? ☐ Yes ☐ No			
4. What is your relationship to the person for whom you are filing the complaint?			
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.			
\square Yes, I have permission. \square No, I do r	not have permission		

6. I believe that the discrimination I experienced was based on (check all that a	oply)		
☐ Race ☐ Color ☐ National Origin ☐ Disability ☐ Accessibility issue			
□ Other (Please specify):			
7. Date of alleged discrimination (Month, Day, Year):			
8. Where did the alleged discrimination take place?			
9. Explain as clearly as possible what happened and why you believe that you discriminated against. Describe all of the persons that were involved. Include the and contact information of the person(s) who discriminated against you (if known) back of this form or separate pages if additional space is required.	he name		
10. Please list any and all witnesses' names and phone numbers/contact inform Use the back of this form or separate pages if additional space is required.	ation.		
11. What type of corrective action would you like to see taken?			

12. Have you filed a complaint with any other federal or state court? ☐ Yes If yes, che	· ·	• •		
☐ Federal Agency (List agency's name)				
☐ Federal Court (Please provide location)				
☐ State Court				
☐ State Agency (Specify agency)				
☐ County Court (Specify court and county)				
☐ Local Agency (Specify agency)				
13. Please provide information about a contact complaint was filed.	act person at	the agency/court where the		
Name:	Title:			
Agency:	Telephone:			
Address				
City:	State:	Zip Code:		
You may attach any written materials or other information that you think is relevant to your complaint. Signature and date is required:				
Signature		Date		
If you completed Questions 3, 4 and 5, your signature and date is required				
Signature		Date		