



## ADA COMPLAINT FORM

Pocatello Regional Transit (PRT) operates its programs and services without discrimination of the Americans with Disabilities Act. If you believe that you have been discriminated against, this form should be completed to register a formal complaint.

If you require any assistance or would like to obtain more information on the complaint process, please contact the PRT Director by calling 208-232-5057, email prt@pocatello.gov, visit pocatellotransit.com or PRT's Transit Center located at 5815 South 5<sup>th</sup> – Pocatello, ID 83204.

### COMPLAINANT INFORMATION

First and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

Preferred Method of Contact (select one):  Email  Phone  Mail

Alternate Format of Form (If none, skip to the next question)

Yes, I need the form in the following format: \_\_\_\_\_

Are You Filing this Complaint of Your Behalf?  Yes  No (If YES, please go to next section)

If NO, please provide the following information:

\*Your name and relationship: \_\_\_\_\_

\*Please explain why you have filed for a third party: \_\_\_\_\_

\*Have you obtained permission of the aggrieved party if filling on behalf of a third party?

Yes  No

### OCCURRENCE INFORMATION

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Location of Incident: \_\_\_\_\_

(continued on next page)

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include names and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses:

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Have you filed this complaint with any other Federal, State, or local agency, or with any State/Federal Court?

Yes    No   (If YES, check all that apply):    Federal Agency    Federal Court  
 State Agency    State Court    Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name of Agency/Court: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number (include area code): \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to the complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Signature and Date Required*

***Please submit this completed form by mail or email to:***

Pocatello Regional Transit  
Attn: PRT Director  
PO Box 4169  
Pocatello, ID 83204  
[prt@pocatello.gov](mailto:prt@pocatello.gov)