

Glasgow Transit System (GTS)

ADA COMPLAINT PROCEDURE and Form

Accommodations are made to serve persons with disabilities in compliance with the Americans with Disabilities Act (ADA) and Section 504. Section 504 of the Rehabilitation Act of 1973 (Section 504), Titles II and III of the Americans with Disabilities Act of 1990 (ADA) and related Federal and State Laws and Regulations provide that no entity shall discriminate against and individual with a disability in connection with the provision of transportation service. This law requires federal aid recipients and other government entities to take affirmative steps to reasonably accommodate the disabled and ensure that their needs are equitably represented.

Glasgow Transit System (GTS) endeavors to ensure that its facilities, programs, and services are available to those with disabilities in accordance with the Americans with Disabilities Act (ADA). If you feel that your ADA protection has been violated, you may file a complaint with GTS's Transit Manager. The following information is necessary to assist us in processing your compliant. If you require any assistance in completing this form, please contact GTS Transit Manager, Lanise Coe transit@cityofglasgow.org or call (270)629-4848. The completed form must be returned to Glasgow Transit System (GTS), 310 W Front St, Glasgow, KY 42141.

The complaint procedure will be made available to the public at www.cityofglasgow.org

A copy of the complaint form in English and Spanish is provided on GTS's website www.cityofglasgow.org .

Glasgow Transit System (GTS)

ADA Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Electronic Mail Address:				
Accessible Format	Large Print		Audio Tape	
Requirements? Section II:	TDD		Other	
	1 1 10			
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this qu	uestion, go to Section III.			
If not, please supply the name a you are complaining:	nd relationship of the persor	n for whom		
Please explain why you have file	d for a third party:			
		-		
Please confirm that you have obtained the permission of the aggrieved			Yes	No
party if you are filing on behalf of a third party.				
Section III:				
I haliava the discrimination Lava	varianced was based on /sho	ck all that annly	4.	
I believe the discrimination I experienced was based on (check all that apply):				
[] Disability [] Other (explain)				
Date of Alleged Discrimination (I	Month, Day, Year):			
Explain as clearly as possible wh	at happened and why you bo	elieve you were	discriminated agains	t. Describe all
persons who were involved. Incl	ude the name and contact in	nformation of th	ne person(s) who disc	riminated against
you (if known) as well as names	and contact information of a	any witnesses. I	f more space is neede	ed, please use the
back of this form.				
Section IV				

Section V	
Have you filed this complaint with any other Fede	ral, State, or local agency, or with any Federal or State court?
[] Yes [] No	
If yes, check all that apply:	
[] Federal Agency:	<u> </u>
[] Federal Court	[] State Agency
[] State Court	[] Local Agency
Please provide information about a contact person	n at the agency/court where the complaint was filed.
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	
You may attach any written materials or othe Signature and date required below	er information that you think is relevant to your complaint.
Signature	Date

Lanise Coe 310 W Front St Glasgow, KY 42141