



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 an 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 complaint. 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.

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ADA Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Disability <input type="checkbox"/> Other (explain) _____				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				

Section IV				

