

1550 Fourth Avenue



Kanawha Valley Regional Transportation Authority (KVRTA)

Americans with Disabilities Act of 1991

Section 504 of the Rehabilitation Act of 1973

Discrimination Complaint Form

- Please fill out this form complete
- Print or type the information
- Sign and return this form to the address shown below

Complainant Name:		
Address:		
City, State & Zip:		
Home Phone:	Cell:	
Email:		
Person discriminated against (if other than	complainant):	
Name:		
Address:		
City, State & Zip:		
Home Phone:	Cell:	
Email:		
When did, the alleged discrimination occur	?	
Date:	Time:	
Where did, the alleged discrimination occur	r?	
Location:		



Describe the acts of discrimination providing names (where possible) of individuals along with details of the incident including the bus and route numbers (if applicable):		
Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?		
Yes: No:		
If yes, please provide the following information:		
Agency or Court:		
Contact Person:		
Address:		



City, State & Zip:	
Case number (if known):	
Do you intend to file with another	er agency or court?
Yes:	No:
If yes, please provide the followi	ing information:
Agency or Court:	
Contact Person:	
Address:	
City, State & Zip:	
Additional space for answers:	
Signature:	Date:

Return Form to:

Kanawha Valley Regional Transportation Authority (KVRTA)
Attn: Jacob Pitman, ADA Coordinator
PO Box 1188
Charleston, WV 25324

304-343-3840 Ext. 112 Fax - 304-343-3877

www.rideonkrt.com jpitman@rideonkrt.com