



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?

Location: _____

