



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: _____



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 agency or court?

Yes: _____

No: _____

If yes, please provide the following 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