

NORTHEAST OREGON PUBLIC TRANSPORTATION

TITLE II ADA COMPLAINT FORM

FOR BAKER, UNION, & WALLOWA COUNTIES

A. Complainant's information:

Name:	
Address:	
City/State/Zip Code:	
Telephone Number (Home):	
Telephone Number (Work):	
Email Address:	

Accessible Format Requirements? (Select One or More)

- O Large Print
- O TTY
- O Audio Tape
- O Other

B. Person discriminated against (if someone other than complainant):

Name:
Address:
City/State/Zip Code:
Telephone Number (Home):
Telephone Number (Work):
Email Address:
Relationship to 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.

O Yes

O No

C. Which of the following best describes the reason you believe the discrimination took place?

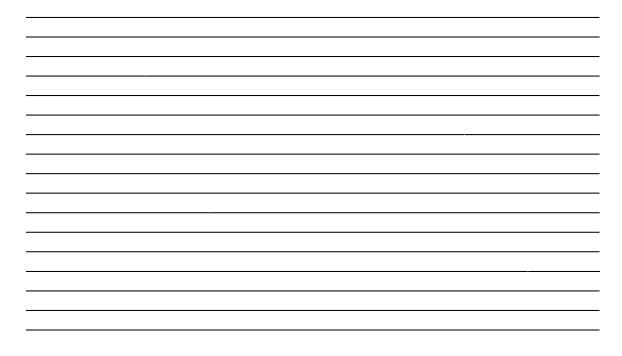
_____Disability _____Other

Other:

D. On what date(s) did the alleged discrimination take place?

Date:	
Date:	
Date:	
Date:	
Date:	

E. Please describe the alleged discrimination. Explain what happened and whomyou believe was responsible. 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 additional space is needed, add a sheet of paper.



F. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.

Federal Agency
Federal Court
State Agency
State Court
Local Agency

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name:	
Title:	
Address:	
City/State/Zip Code:	
Telephone Number (Home):	
Telephone Number (Work):	
Email Address:	

G. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature		Date		
Attachments: Yes	No	-		
H. Submit form and any additional information to:				
For Baker County:	For Union County:		For Wallowa County	
Mail to:	Mail to:		Mail to:	
Transit Manager	Transit Manager		Transit Manager	
Attn: ADA Complaint	Attn: ADA Complaint		Attn: ADA Complaint	
2810 Cedar Street	2204 E. Penn Ave		702 NW First Street	
Baker City, OR 97814	La Grande, OR 97850		Enterprise, OR 97828	

Email with the subject "ADA Complaint" to"

<u>bakertitlevi@ccno.org</u>	<u>uniontitlevi@ccno.org</u>	wallowatitlevi@ccno.org
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