

# **ADA Complaint Form**

Mountain Line  
Civil Rights Division

Mountain Line is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of ability. Complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Civil Rights Division by calling (928) 679-8926. The completed form must be returned to Mountain Line Civil Rights Division, Attn: Civil Rights Officer, 216 W. Phoenix Ave., Flagstaff, AZ 86001 or via email: [cweaver@mountainline.az.gov](mailto:cweaver@mountainline.az.gov).

Your Name:	Phone:
Street Address:	Alt Phone:
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Street Address, City, State & Zip Code:	

Date of Incident: \_\_\_\_\_

Please describe the alleged discriminatory incident. Provide the names and titles of all Mountain Line employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No

If yes, list agency / agencies and contact information below:

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Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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Street Address, City, State & Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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Street Address, City, State & Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

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Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Print or Type Name of Complainant

**Mountain Line Office Use Only:**

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_

