



Transportation Administration of Cleveland County, Inc.

AMERICANS WITH DISABILITIES (ADA) COMPLAINT FORM

INSTRUCTIONS: If you would like to submit an Americans with Disabilities (ADA) Complaint to the Transportation Administration of Cleveland County, Inc., please complete the form below and return to the Executive Director – Stephanie Costner, PO Box 3210, Shelby, NC 28151

For questions, please contact TACC, Inc. at (704) 482-6705 or
Email to: scostner@taccshelbync.com

Name (Complainant): _____

Phone: _____

Home Address (Street #, City, State, Zip Code): _____

If applicable, the name of the person(s) who you believe discriminated against you:

Date of the Incident: _____

Discrimination based on:

_____ Disability

Briefly explain what happened and how you feel you were discriminated against.
Please include how you feel that others were treated differently than you.



Transportation Administration of Cleveland County, Inc.

Why do you believe these events occurred?

Is there any other information that you feel may be relevant to this investigation?

How can these issues be resolved to your satisfaction?



Transportation Administration of Cleveland County, Inc.

Please list any person(s) who we can contact for additional information or to support/clarify your complaint:

Name: _____ Phone Number: _____

Address: _____

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? (Circle One) Yes No

If yes, circle all that apply:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

If filed at an agency and/or court, please provide information on a contact person at that agency/court:

Name of Agency/Court: _____

Agency/Court Contact's Name: _____

Address of Agency/Court: _____

Phone Number of Agency/Court: _____

Date of Filing: _____

Signature (Complainant): _____

Date: _____