

Lorain County Transit

ADA Complaint Form

Please print out this form and fill it out.

Name: _____

Street Address: _____

City or Town/State/Zip Code: _____

Phone: (Home) _____ (Cell): _____

Please provide the date (s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you including their titles (if known) or the lack of accessibility.

Please provide the names, addresses and telephone numbers of any witnesses.

Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other persons were treated differently from you.

Signature/Date: _____

You may use additional sheets of paper, if necessary. Also include any written materials pertaining to your complaint.

Completed form can be filed by:

Email: pnovak@loraincounty.us

Fax: (440) 329-5459

U.S. Mail: Lorain County Transit

Attn: Pamela Novak

226 Middle Avenue

Elyria, OH 44035