

CORTTRAN
COUNTY OF ROANOKE TRANSPORTATION
TITLE II OF THE AMERICANS WITH DISABILITIES ACT
SECTION 504 OF THE REHABILITATION ACT OF 1973
DISCRIMINATION COMPLAINT FORM

Please complete the following information in order to process your complaint. The form needs to be filled out completely by printing or typing. Remember to sign the form and return to the address below. Assistance is available upon request.

Complete this form and mail or deliver to:

Roanoke County Department of Human Resources
Attn: Kristie B. Jordan, Assistant Director/ADA Program Coordinator
5204 Bernard Drive Suite 300-A
Roanoke, Virginia 24018
(540) 772-2018
TTY: Dial 711

You can reach our office Monday through Friday from 8:00 am to 5:00 pm at (540) 772-2018, or you can email kjordan@roanokecountyva.gov

Complainant Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Person discriminated against (if other than complainant):

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Please provide information regarding the Government, department, institution, agency or person that you believe has performed a discriminating act.

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

When did the discrimination occur?

Date: _____ Time: _____

Where did the discrimination occur?

Describe the acts of discrimination providing names (where possible) of individuals along with details of the incident including as much detail as possible. If additional space is required, please attach extra sheets to this form.

Has the complaint been filed with the Department of Justice, or any other Federal, State or local civil rights agency or court?

If yes, please provide the following information:

Agency or Court: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed:

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Date