



Americans with Disabilities Act (ADA) Complaint Form

In compliance with the Americans with Disabilities Act, AVTA is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by Title II of the Americans with Disabilities Act of 1990 ("ADA"). ADA complaints must be filed within 30 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact AVTA at 661-945-9445 Ext. 254. The completed form may be returned to the AVTA Customer Service at 42210 6th Street West, Lancaster California 93534. You may also submit this form via email to info@avta.com or via fax at 661-726-2615.

Complainant's Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (home): _____ (business) _____

Person preparing complaint (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date and Time of Incident: _____

Location of Incident: _____

Route and Direction: _____



In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Have you filed a complaint with any other federal, state, or local agencies?

[] Yes [] No If so, list the agency/agencies and contact information below.

Agency Contact Name

Street Address, City, State, ZIP Code Phone

Agency Contact Name

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.

Complainant's Signature

Date

Print or type name of Complainant.