



## ADA COMPLAINT FORM

### Henderson Area Rapid Transit (HART)

Accommodations are made to serve persons with disabilities in compliance with the Americans with Disabilities Act (ADA) and Section 504. Section 504 of the Rehabilitation Act of 1973 (Section 504), the Americans with Disabilities Act of 1990 (ADA) and related federal and state laws and regulations forbid discrimination against those who have disabilities. These laws require federal aid recipients and other government entities to take affirmative steps to reasonably accommodate the disabled and ensure that their needs are equitably represented.

Henderson Area Rapid Transit (HART) endeavors to ensure that its facilities, programs, and services are available to those with disabilities in accordance with the Americans with Disabilities Act (ADA). If you feel that your ADA protection has been violated, you may file a complaint with HART's ADA Coordinator. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact HART ADA Coordinator Megan McElfresh by calling (270) 831-1200. The completed form must be returned to Henderson Area Rapid Transit, P.O. Box 716, Henderson, KY 42419-0716.

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

Please describe the alleged discrimination incident. Provide the names and title of all HART 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.

---

---

---

---

---

---

**ADA Complaint Form**  
The Henderson Area Rapid Transit (HART)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Have you filed a complaint with any other federal, state or local agencies? ☐ Yes ☐ No

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

Agency:	Contact Name:
Street Address, City State & Zip:	Phone:
Agency:	Contact Name:
Street Address, City, State & Zip:	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

Date Received:	Received By:
----------------	--------------