



PEOPLE FOR PEOPLE

Working Together, Changing Lives

# ADA DISCRIMINATION COMPLAINT FORM INSTRUCTIONS

**COMPLAINT POLICY:** People For People is committed to providing safe, reliable, and accessible transportation options for the community.

If you have a complaint against People For People, alleging an ADA discrimination - you may file a signed, written complaint up to one hundred and eighty (180) days from the date of the alleged discrimination. The complaint should include:

- » Your name, mailing address, and preference for how to contact you (phone or email).
- » How, when, where, and why you believe you were discriminated against. Include the location, names, and contact information of any witnesses.
- » Other information that you deem significant.

You may use the form on the following page to submit the complaint information.  
If you need assistance, please contact:

Human Resource Representative  
People For People  
302 West Lincoln, Yakima, WA 98902  
(509) 248-6726, Toll Free TTY/TDD 800-606-1302 or 509-453-1302

Please provide your complaint in writing to People For People (address above). It is recommended that you use certified mail for tracking purposes.

Once a complaint is received, People For People will make every effort to address it in an expeditious and thorough manner. People For People shall send you a letter acknowledging receipt of the complaint within seven days. Then, you may be asked to provide additional information in order for the complaint to be processed. After People For People has completed processing the complaint, a final written response letter will be sent to you.

If you are not satisfied with the outcome of the complaint, you have the right to:

- » Appeal the decision within seven calendar days of receipt of the final written response from People For People.
- » File a complaint externally with the appropriate governing entity.



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For additional space to answer questions, please attach additional sheets of paper or use the back of this form.

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred method of contact:

Phone: \_\_\_\_\_ Optional Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Person discriminated against (if other than Complainant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of the incident resulting in ADA discrimination: \_\_\_\_\_

Describe the ADA discrimination as clearly as possible: what happened and how you were discriminated against. Indicate names and their contact information of those involved (if available):

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Where did the incident happen: (location, bus route, driver's name, etc.)

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Were there witnesses? Please provide their contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you file this complaint with another agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes, please check each agency this complaint was filed with:

\_\_\_\_\_ Federal Agency \_\_\_\_\_ Federal Court \_\_\_\_\_ State Agency \_\_\_\_\_ State Court

\_\_\_\_\_ Local Agency \_\_\_\_\_ Other (list: \_\_\_\_\_)

Provide information on the contact person for the agency you also filed the complaint with:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date filed: \_\_\_\_\_

Sign the complaint in the space below. You may attach any written materials or other information that supports your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Signature Date