

**JAUNT ADA DISCRIMINATION COMPLAINT FORM**

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

ADA Compliance Officer, Jaunt, 104 Keystone Place, Charlottesville, VA 22902

You can reach our office Monday-Friday from 8:30 am to 4:30 pm at 434.296.3184, or you can email the ADA Compliance Officer at [ada@ridejaunt.org](mailto:ada@ridejaunt.org)

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

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No. (Home):** \_\_\_\_\_ **(Business):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Person discriminated against (if other than complainant):**

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

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**The name and address of the agency, institution, or department you believe discriminated against you.**

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

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of incident resulting in discrimination:** \_\_\_\_\_

**Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.**

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**Does this complaint involve a specific individual(s) associated with Jaunt? If yes, please provide the name(s) of the individual(s), if known.**

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**Where did the incident take place?**

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**Are there any witnesses? If so, please provide their contact information:**

**Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_

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

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

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