





**ADA Complaint Form  
Decatur Public Transit System (DPTS)**

Please describe the alleged discrimination incident (continued)

---

---

---

---

---

---

---

Have you filed a complaint with any other federal, state, or local agencies? (Circle one) Yes / No

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State, and Zip Code:

---

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State, and Zip Code:

---

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

---

**Use by DPTS Only**

Print Name of Complainant: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_