

GoPasco Americans with Disabilities Act Complaint Form

GoPasco County Public Transportation 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 the Americans with Disabilities Act of 1990 (ADA). This form complies with GoPasco Policy 20-16 on the ADA Complaint Process. Complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary for GoPasco to investigate a complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact GoPasco at (727) 834-3322. The completed form must be returned to the GoPasco Operations Manager at 8620 Galen Wilson Blvd., Port Richey, FL 34668.

Complainant's Name:

Complainant's Mailing Address:

Complainant's Phone Number:

Complainant's Email Address:

Preparer's Name (if different from Complainant):

Preparer's Mailing Address:

Preparer's Phone Number:

Date of Incident:

Has this complaint been filed with any Federal, State, or local agencies? If so, list all agencies it was report to, and their contact information:

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of GoPasco employees involved, if available. Use additional pages, if needed.

By signing and dating below, I affirm that I have read the above information and that it is true to the best of my knowledge, information, and belief.

Signature:

Date Signed:

INTERNAL USE ONLY:

Date Received:

Received By: