

## Chisago-Isanti Heartland Express

### ADA AND NON-DISCRIMINATION COMPLAINT FORM

<b>Section I:</b>				
Name:				
Address:				
Telephone(Home):		Telephone(Work):		
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Disability <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Sexual Orientation				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use a separate sheet.				

**Section IV:**

Have you previously filed an ADA complaint with this agency?	Yes	No
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**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court?

( ) Yes                      ( ) No

If yes, check all that apply:

( ) Federal Agency: \_\_\_\_\_ ( ) State Agency: \_\_\_\_\_

( ) Federal Court: \_\_\_\_\_ ( ) Local Agency: \_\_\_\_\_

( ) State Court: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Section VI:**

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and Date are required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address listed below, or mail this form to:

Chisago-Isanti Heartland Express  
Transit Director  
245 2nd Ave SE  
Cambridge, MN 55008

OR

Chisago-Isanti Heartland Express  
Transit Director  
39840 Grand Ave  
North Branch, MN 55056