

**ADA Complaint Form
Des Moines Area Regional Transit Authority (DART)**

DART is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of disabilities as provided by the Americans with Disabilities Act of 1990 (ADA). ADA complaints should be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the DART Customer Service Supervisor by calling (515) 283-8100. The completed form must be returned to DART, Customer Service Supervisor, 620 Cherry St., Des Moines, Iowa 50309.

NAME:	DAYTIME PHONE:
STREET ADDRESS:	CITY, STATE, ZIP CODE:

PERSON DISCRIMINATED AGAINST (IF SOMEONE OTHER THAN COMPLAINANT):

NAME:	DAYTIME PHONE:
STREET ADDRESS:	CITY, STATE, ZIP CODE:

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

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**HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCIES?
(CHECK ONE)**

YES

NO

IF SO, LIST AGENCY/AGENCIES AND CONTACT INFO:

AGENCY:	CONTACT NAME:
ADDRESS:	PHONE NUMBER:

AGENCY:	CONTACT NAME:
ADDRESS:	PHONE NUMBER:

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND IT IS TRUE TO MY BEST KNOWLEDGE.

COMPLAINANT'S SIGNATURE

DATE

PRINT OR TYPED NAME OF COMPLAINANT

DATE RECIEVED:
RECEIVED BY: