

ADA COMPLAINT FORM

Any person who believes that he or she has been discriminated against by ARCH or any of its staff/providers, and believes that the discrimination was based solely upon his or her disability, may file a complaint with ARCH.

Please provide the following information to process your complaint. Please mail, deliver or email this form to: ARCH Administration, 1550 W. Colter Street, Phoenix, AZ 85015. Alternative formats are available upon request. You may reach ARCH Administration by calling 602-230-2226/TTY: 7-1-1 or email vera_martinez@archaz.org

Section I: Customer Information			
Name:			
Address:			
City:		State: AZ	Zip Code:
Work Phone:		Home:	Cell:
Email Address:			
Section II			
Are you filing this complaint on your own behalf? (If yes, go to section III) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of person for whom you are submitting complaint:			Relationship:
Please explain why you have filed on behalf of a third party:			
Section III: Incident Information			
Please describe your complaint: Include specific details such as names, date, times, witness names and contact information, and any other information that would assist ARCH in its investigation of your allegations. If you need more space, please use the back of this paper. You may attach any additional written materials or information that you think is relevant to your complaint.			
Date of Alleged Incident: (mm/dd/yyyy):		Time: am/pm	City:
Location:		Vehicle Involved (if any):	
Staff Name:		Staff Description:	
Service Type: Program <input type="checkbox"/> Outing <input type="checkbox"/> Transportation <input type="checkbox"/> Other <input type="checkbox"/>			
Section IV: Administration			
Have you filed this complaint with the Federal Transit Administration (FTA)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide the complaint number:		Previously filed ADA complaint with this agency: YES NO	

Signature (required)

Date