

Have you instituted legal actions regarding this complaint? Yes _____ No _____

Have you filed this complaint with any other federal, state, or local agency? Yes _____ No _____

If yes, check all that apply:

Federal Agency _____ Federal Court _____ State Agency _____ State Court _____

Local Agency _____

Please provide contact information for the agency/court where the complaint was filed:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Complainant's Signature: _____ Date: _____

All complaints must be on the ADA Complaint Form. You may attach additional information that may be relevant to your complaint. The investigation will be conducted and completed within 60 days of the receipt of the written complaint.

Send all complaints to:

Yancey County Transportation
c/o Michael Harris
503 Medical Campus Drive
Burnsville, NC 28714
Michael.harris@yanceycountync.gov
828-682-6144