As a means to help avoid discrimination on the basis of a disability and to help ensure service accessibility, a reasonable modification complaint can be made to the OVRTA/EORTA. If you feel that you have been discriminated against in the provision of transit services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to

OVRTA / EORTA
21 S. Huron Street
Wheeling, WV  26003
Fax: 304-233-0811

PLEASE PRINT

1. Complainant’s Name:

   a. Address:
   b. City: State: Zip Code:
   c. Telephone (Home ☐ or Cell ☐) Please include area code Telephone Number (Work) ( ) ( )
   d. Electronic Mail Address:

   Do you prefer to be contacted via this e-mail address? ☐Yes ☐No

2. Accessible Format of Form Needed? ☐Large Print ☐Audio Tape ☐TDD ☐Other (please specify):

3. Are you filing this complaint on your own behalf? ☐Yes If YES, please go to Question 7 ☐No If no, please go to question 4

4. If you answered NO to question 3 above, please provide your name and address.
   a. Name of Person Filing Complaint:
   b. Address:
   c. City: State: Zip Code:
   d. Telephone (Home ☐ or Cell ☐) Please include area code Telephone Number (Work) ( ) ( )
   e. Electronic Mail Address:

   Do you prefer to be contacted via this e-mail address? ☐Yes ☐No

5. What is your relationship to the person for whom you are filing the complaint?

6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. ☐Yes, I have permission. ☐No, I do not have permission.

7. Date of Alleged Discrimination (Month, Day, Year):

8. Where did the Alleged Discrimination take place?
9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.

10. Please list any and all witnesses’ names and telephone numbers/contact information. Use the back of this form or separate pages if additional space is required.

11. What type of corrective action would you like to see taken?

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

**Signature and date is required:**

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If you completed Questions 4, 5 and 6, your signature and date is required

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