

**City of Niles Dial-A-Ride Transportation  
ADA Complaint Form**

The Americans with Disabilities Act (ADA) of 1990 provides that no entity shall discriminate against an individual with a disability in connection with the provision of transportation services. Niles DART is committed to providing safe and reliable transportation to all people without discrimination based upon disabilities. If you feel you have been discriminated against under the ADA, please provide the following information in order to assist us in processing your complaint.

**Section I**

Name of Complainant :	
Address:	
Telephone (home):	Telephone (work):
Telephone (cell):	
Electronic Mail Address:	
Preferred Method of Communication: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail	
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other:	

**Section II**

Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes," proceed to Section III. If not, please supply your name, phone number, and relationship to the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Have you have obtained the permission of the aggrieved party if you are filing on behalf of a third party?	Yes	No

**Section III**

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 the back of this form or attach additional pages.

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Section IV	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide the following information the agency/court where the complaint was filed:	
Contact Name:	
Title:	
Agency:	
Address:	
Telephone:	
Electronic Mail:	

Please attach any other written material or information you feel is relevant to your complaint. Sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

Submit completed form to:

City of Niles Dial-A-Ride Transportation  
 General Manager  
 623 North Second Street  
 Niles, Michigan 49120  
 Email: [DARTManager@nilesmi.org](mailto:DARTManager@nilesmi.org)  
 Fax: 269-684-5150