



## Dutchess County Public Transit

### TITLE II OF THE AMERICANS WITH DISABILITIES ACT COMPLAINT Form

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number (with area code)** \_\_\_\_\_

**Preferred Method Of Contact**

Email:

Phone:

Mail:

**Alternate Format Requested (Please specify):**

**Are You Filing this Complaint On Your Behalf?**

Yes

No

**Date and Time Of Alleged Discrimination:** \_\_\_\_\_

Location Of Incident: \_\_\_\_\_

**Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include names and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses:**

Your Signature or Signature of Your Representative: \_\_\_\_\_

Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Your Signature or Signature of Your Representative

Other types of formats are available upon request.  
Please mail or email the completed ADA form to:

**Attn: Amanda Sammon, General Manager/ ADA Certification Manager,**  
14 Commerce St., Poughkeepsie, NY,  
12603

asammon@DutchessNY.gov