

Discrimination Based on Disability Complaint Form

If you believe you have been discriminated against based on your disability, you may complete and submit this form. Your civil rights are protected under the federal Americans with Disabilities Act. You may also call PSRC's ADA Coordinator at 206-464-6175, TTY Relay: Dial 711, or contact <u>hrdept@psrc.org</u>. Complaints must be received within 180 calendar days of the alleged discriminatory complaint.

Section 1: Contact Information

Name:	
Phone:	
Mailing address:	
City/State/Zip:	
Email:	
Mobility aid used (if any):	
Accessibility format requirements: Language Assistance Large Print Other If other, please describe:	
Are you filing this complain	it on your own behalf? 🛛 Yes 🖓 No
If NO, provide the name and relationship to the person for whom you are filing the complaint:	

Section 2: Alleged Discrimination Information

Date and time of alleged discrimination:

Discrimination Based on Disability Complaint Form & Process

Location of alleged discrimination:

Explain the events that happened and why you believe you were discriminated against. Please include the names, titles and descriptions of the PSRC employees involved, witness(es) and their contact information. For additional space, you may attach any written materials.

Section 3: Complaint Information

Have you previously filed a disability complaint with PSRC? Yes \Box No \Box

Have you filed this complaint with other federal, state or local agencies? Yes \Box No \Box

If YES, list the agency/agencies and contact information below:

Contact name: _____

Address: _____ City/State/Zip: _____ Contact number: _____

Agency: _____

Section 4: Signature

You may attach any written materials or other information relevant to your complaint.

Please sign and date.

Name

Date

Mail to: **Puget Sound Regional Council** 1011 Western Avenue, Suite 500 Seattle, WA 98104 **ATTN: ADA Coordinator**

OR Email to: hrdept@psrc.org