

La Crosse MTU 2000 Marco Drive La Crosse, WI 54601 (608) 789-7350 (608) 789-7374 FAX

ADA Complaint Form

La Crosse MTU is committed to complying with the requirements of the Americans with Disabilities Act (ADA) in all of its programs and services. "No entity shall discriminate against an individual with a disability in connection with the provision of transportation service" (§ 37.5(a)). Any person(s) or organization(s) believing they have been a victim of discrimination based related to a disability may file a complaint with La Crosse MTU.

FILE BY PHONE OR EMAIL:

Contact La Crosse MTU at (608) 789-7350 or koterwskit@cityoflacrosse.org.

FILE ONLINE:

www.cityoflacrosse.org/mtu/feedback

You can also submit complaints in writing below. Submit completed forms to: La Crosse MTU, Attn: ADA Complaint, 2000 Marco Drive, La Crosse, WI 54601.

1		
Your Name:		
Home Phone:	Cell Phone:	
Street Address:		
City:	State:	Zip Code:
Date of Incident:		
		Person(s)
	n complainant). List all names:	
Please describe the alleged discrim	nination incident. Provide the names and title xplain what happened and whom you believe	e of all La Crosse MTU
back of this form if additional space		-

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I affirm that I have read the above charge and	d that is true to the best of my knowle	dge, information & belief.
Signature:	Date:	Prin
or Type Name of Complainant:		
The City of La Crosse MTU will process con The City of La Crosse MTU will endeavor to information is needed to resolve the case, the complainant or does not respond to MTU's in 30 days after being notified, the City of La C administratively closed also if the complaina	mplaints that are complete. complete its complaint investigation complete its complaint investigation complete its complaint investigation complete its complaint investigation complete its complete.	in 30 days. If more the complainant. If the additional information within the the case. A case can be
MTU will follow up with a written letter of i	ts determinations of the investigation	
If the complainant wishes to appeal the decis	sion, she/he has 10 days after the date	of the letter to do so.
A person may also file a complaint directly v Rights, 1200 New Jersey Avenue SE, Washin		on, at FTA Office of Civil
If information is needed in another language	or in an accessible format, then conta	act (608) 789-7350
All complaints are kept for one (1) year and t	then grouped by type for seven (7) year	ars.
Office Use Only:		