

# Scotland County Area Transit System (SCATS)

Please check one of the following:

**ADA Complaint** or  **Title VI Complaint**

## **Part I.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Formats Needed:

None

TDD

Large Print

Audio Tape

Other (Please Specify) \_\_\_\_\_

## **Part II.**

Are you filing this complaint on your own behalf?

Yes – Proceed to Part III

No – Please provide the name of and your relationship with this person:

Name of Individual: \_\_\_\_\_

Your Relationship: \_\_\_\_\_

Please explain why you have filed for a third party:

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Confirm:

I have obtained permission from the aggrieved party to file this form on their behalf.

I have not confirmed permission to file this form on behalf of the aggrieved party.

### **Part III.**

I believe the discrimination I experienced was based on:

Race

Color

National Origin

My Disability

Other: \_\_\_\_\_

Date of the alleged discrimination: \_\_\_\_\_

Explain what happened and why you believe you were discriminated against as clearly as possible. 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 the names and contact information of any witnesses.

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### **Part IV.**

Have you previously filed an ADA and/or Title VI complaint with this agency?

Yes

No

### **Part V.**

Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State court?

Yes

No

If yes, check all that apply:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Please provide the contact information for a person at the agency or court where the complaint was filed:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

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

## **Part VI.**

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

*Important Notice:* To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Signature and date are required below.

\_\_\_\_\_

### **Mail Complaint Form To:**

Scotland County Area Transit System (SCATS)

Attn: China Lett, Supervisor

PO Box 1647

Laurinburg, NC 28353

[scats@scotlandcounty.org](mailto:scats@scotlandcounty.org)

(910)-277-2416

Please note that any appeal will be heard by a separate person or committee from the person who made the original decision. An appeal may be filed by calling the Director at 910-277-2500.