

4. List the names and contact information of persons who may have knowledge of the alleged discrimination.

Name and Contact Information: _____

Name and Contact Information: _____

5. Have you filed this complaint with any other federal, state, or local agency; or With any federal, state or local court?

_____ Yes _____ No

If yes, check all that apply:

_____ Federal Agency _____ Federal Court _____ State Agency

_____ State Court _____ Local Agency _____ Local Court

6. Please provide information of a contact person at the agency/court where the complaint was filed.

Name _____

Address _____

City, State and Zip Code _____

Telephone Number _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date

Hand Deliver or Mail this ADA Complaint Form to:

Jennifer M. Scott, ADA Coordinator
Evansville Metropolitan Planning Organization
1 NW MLK, Jr. Blvd., Room 316
Evansville, IN 47708

Or e-mail to:

jscott@evansvillempo.com or comments@evansvillempo.com