



Mitchell County Transportation

Americans With Disabilities Act (ADA) Complaint Form

Please use this form to file a complaint based on a disability in the provision of services, activities, programs or benefits provided by Mitchell County Transportation. Please send this form to:

Sheila Blalock
Mitchell County Transportation
73 Crimson Laurel Circle, Suite 7
Bakersville, NC 28705
828-688-4715
sheila.blalock@mitchellcounty.org

Complaint information

Name	Phone
Email	
Address	

Please describe the alleged denial of services, activities, programs or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s), of witnesses, if any, and attach supporting data, if available. Please attach additional pages if needed.

Complaint Circumstances

Have you filed a claim regarding this complaint with a federal, state or local government agency? YES ___ NO ___

Have you hired an attorney with respect to the allegations in this complaint? YES ___ NO ___

Have you instituted legal actions regarding this complaint? YES ___ NO ___

This complaint form was completed by:

Signature _____ Date _____