

**ADA DISCRIMINATION COMPLAINT FORM**  
**HCRT**

Complainant:	Phone:
Address: (City, State, Zip):	Email:
Person Discriminated Against if Different from Above:	Phone:
	Email:
Date of Incident:	
Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination.	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your complaint ( <i>attach additional pages, if necessary</i> ).	
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The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that you believe is relevant to the complaint.

\_\_\_\_\_

Signature Date

Attachments:  Yes  No

Submit completed form to: Transit Manager  
Hall County Rural Transportation  
121 S. Pine Street  
Suite 4A  
Grand Island, NE 68801  
308.385.5083  
transit@hallcountyne.gov

- AGENCY USE ONLY -	
Received By:	Date: