



ADA Complaint Form

All complaints concerning discrimination in provision or accessibility of Wahkiakum on the Move programs, services, benefits or activities, or about a response to a request for accommodation or modification of programs, services, benefits or activities, should be submitted to the Wahkiakum on the Move Transportation Coordinator. Alternative format to this document will be produced upon request. A formal complaint may be submitted by any of the following methods:

Phone: 360-795-3101 or tollfree 1-888-795-3101

Fax: 360-795-6212

Email: wotm@co.wahkiakum.wa.us

Mail: Wahkiakum on the Move
Attn: Transportation Coordinator
42 Elochoman Valley Rd.
Cathlamet, WA 98612

Within fifteen (15) calendar days after receipt of the complaint, the Transportation Coordinator, or his/her designee, shall speak with person making the complaint to discuss it, gather additional information, and identify possible solutions. Within twenty-one (21) calendar days following the meeting, the Transportation Coordinator or designee shall respond to the complaint in the format requested, either written, verbal, by email, or alternative accessible format.

The response shall explain Wahkiakum on the Move's findings regarding the allegations made by the person making the complaint, and if appropriate, suggest options of resolving the complaint and/or the corrective action that will be taken.

Please see the WOTM Customer Complaint Policy for more information.

You may file a complaint up to one hundred eighty (180) days from the date of alleged discrimination.

Please print clearly or type your response.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____(home) _____(cell)

Person Discriminated Against (if different): _____



Address of person discriminated against: _____

City, State, Zip code: _____

Where and when did the alleged discrimination take place?

Please describe the circumstances as you saw them:

Please list any and all witness names and phone numbers:

What type of corrective action would you like to see taken?

Please attach any documentation you have which supports the allegation. Then date and sign this form and send it to the Transportation Coordinator at the address listed on page one (1) of this document.

Signature: _____

Print: _____

Date: _____