

# Madison 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 Madison County Transportation. Please send this form to:

**Daniel Metcalf**  
**Madison County Transportation**  
**387 Long Branch Road**  
**Marshall, NC 28753**  
**828-649-2219**  
[dmetcalf@madisoncountync.gov](mailto:dmetcalf@madisoncountync.gov)

### 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 \_\_\_\_\_