

Weirton Transit ADA Complaint Form

200 Municipal Plaza, Weirton, WV 26062

(340) 797-8597

1. Name: _____

2. Address: _____

3. Phone: _____

4. Are you filing this complaint on your own behalf? Yes No

4a. If no, please supply the name and relationship of the person for whom you are complaining:

4b. Please explain why you have filed this as a third party.

4c. Please confirm you have obtained permission of the aggrieved party if you are filing on behalf of a third party. Yes No

5. Please describe the complaint in detail. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint. (Please attach another sheet if necessary):

Complainant Signature: _____ Date: _____