

# Americans with Disabilities Act (ADA) Complaint Form

KALAMAZOO AREA TRANSPORTATION STUDY  
ADA Complaint Form

Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (504) prohibits discrimination against qualified individuals with disabilities in any program, activity, or service. The ADA Public Law 101-336 is a broad civil rights statute that prohibits discrimination against individuals with disabilities in all areas of public life.

This form may be used to file an American with Disabilities (ADA) complaint with the Kalamazoo Area Transportation Study. You are not required to use this form; a letter containing the same information is sufficient. Complaints must be submitted no later than 90 calendar days after the alleged violation.

*If you need assistance completing this form, please contact Steven Stepek by phone at 269-343-0766 or via email at [sstepek@katsmpo.org](mailto:sstepek@katsmpo.org).*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Incident

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date(s) of alleged incident

Date began \_\_\_\_\_ Last or most recent date \_\_\_\_\_

Complaint Issue:

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List your primary ADA qualified disability:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please return completed form to:

Steven Stepek, AICP, Executive Director  
Kalamazoo Area Transportation Study  
5220 Lovers Lane, Suite 110  
Portage, MI 49002

Email: [info@katsmpo.org](mailto:info@katsmpo.org)

*Note: The KATS prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of KATS. Please inform the person listed above if you feel you were intimidated or experienced retaliation in relation to filing this complaint.*