Transportation Program of United Community Action Partnership

Americans with Disabilities Act Discrimination Form

Note: This form should be used to register a formal complaint of discrimination under the Americans with Disabilities Act. Before submitting, please consider resolving issues by contacting nick.leske@unitedcapmn.org.

The completed form may be mailed to: Nick Leske, Transportation Director; United Community Action Partnership, 1400 South Saratoga Street, Marshall, MN 56258, or email to nick.leske@unitedcapmn.org.

Complainant Information		
Date of Complaint:		
Name of Complainant:		
Address:		
Address2:		
City:	State:	Zip Code:
Phone:		
rnone.		
Information about the occurrence		
Date of Occurrence:		
Location:		
Description of Occurrence:		