



ADA Complaint Form – Americans with Disabilities Act

*Submit form to Crystal Lowery, ADA Coordinator for Main Street Station

1500 East Main Street, 1st Floor, Richmond, Virginia 23219

crystal.lowery@richmondgov.com, 804-646-1862

Name of Complainant:

Street Address:

City, State, Zip Code:

Telephone Number:

Person Completing Form (if other than above):

Street Address:

City, State, Zip Code:

Telephone Number:

Have efforts been made to resolve this complaint with the Operator/Management at Main Street Station or the transit provider? ___ Yes ___ No ___ N/A

If yes, please list details about Operator/Manager/Transit Agency:

Contact Person:

Title:

Telephone Number:

Email Address:

When did the alleged discrimination occur?

Describe the acts and location of the alleged discrimination. Please provide the name(s) of the individuals involved in the act.