540-896-8255 Fax: 540-896-8454

Supporting People with Disabilities

☐ Title VI ☐ ADA Complaint Form **Section I:** Name: Address: Home Phone #: Work Phone #: E-mail Address: **Preferred method of contact** □Email □Phone □Mail Accessible Format Large Print Audio Tape Requirements? TDD Other **Section II:** Are you filing this complaint on your own behalf? *Yes No *If you answered "yes" to this question, go to Section III. If not, please supply the name and relationship of the person whom you are complaining: Please explain why you have filed for a third party: Please confirm that you have obtained the permission of Yes No the aggrieved party if you are filing on behalf of a third party: **Section III:** I believe the discrimination I experienced was based on (check all that apply):

□Race □Color □National Origin □Disability

Select each of the following that are applicable to the access barrier or discrimination complaint: □Public rights-of-way □Program □Service □Activity				
Date of Alleged Incident or when you became aware the incident occurred (Month, Day, Year):				
Month Day Year				
Explain as clearly as possible the issue(s) or incident: How were you discriminated against?				
Does this complaint involve a specific individual(s) associated with Pleasant View, Inc? If yes, include names and job titles of those individuals perceived as parties in the complaint.				
What happened?				
Where did the incident take place?				
Include contact information of any witnesses. If more space is needed, please use the back of this form:				
Section IV:				
Have you previously filed an ADA complaint with this agency?	Yes	No		
Section V:				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? □Yes □No				
If yes, list the agency/agencies contact information below.				
Agency: Contact Name:				
Address:				
Telephone:				

	C A XX			
Contact person: Title: Telephone number: Provide a solution to the complaint. Complainant signature Date The laws enforced by this agency prohibit retaliation or intimidate against anyone because they have either taken action or participated in action to secure the rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint, or if you have questions regarding the completion of this form, please contact: Emily Bowman at Pleasant View, Inc. PO Box 426 Broadway, VA 22815 or (540) 433-8960 Office Use Only Date received Received by	Section VI:			
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	Date received	Received by		
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	ou may attach any written materials or other into ignature and date required below			

Y Sig

Signature Date

The complaint should be submitted by the complainant and/or their designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Emily Bowman Pleasant View, Inc. PO Box 426, Broadway, VA 22815 540-433-8960 TTY/TDD (for the deaf or hard-of-hearing) 1-800-828-1120 or 711

Within 15 calendar days after receipt of the complaint Emily Bowman or their designee will meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of the meeting Emily Bowman or their designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille or audio tape. The response will explain Pleasant View, Inc.'s position and offer options for substantive resolution of the complaint.

If Pleasant View, Inc.'s response does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 15 calendar days after receipt of the response to the Virginia Department of Rail and Public Transportation.

All written complaints received by Emily Bowman or their designee, appeals to the Department of Rail and Public Transportation or their designee, and responses from these two offices will be retained by Pleasant View, Inc. for at least three years.