

ADA Complaint Form

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| Section I: | | | |
| Name: | | | |
| Address: | | | |
| Telephone (Home/Cell): | | Telephone (Work): | |
| Email: | | | |
| Do you require an accessible format? | Large Print | | Audio Tape |
| | TTY/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 for whom you are filing: | | | |
| Have you obtained permission from this person? | | | Yes |
| | | | No |
| Section III: | | | |
| If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination. | | | |
| Date of Alleged Discrimination (Month, Day, Year): _____ Time: _____ | | | |
| Transit Line/Route: _____ Vehicle ID or Name: _____ Location: _____ | | | |
| Name(s) of Employee(s) involved: _____ | | | |
| Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form. | | | |
| _____ | | | |
| _____ | | | |
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