

Americans with Disabilities Act (ADA) Complaint Form

1. Contact Information:

Salutation _____

Name _____

Street Address _____

City, State, Zip Code _____

Telephone Number _____

Email Address _____

2. Accessible Format Requirements:

Large Print _____ TDD Relay _____ Audio Recording _____ Other _____

3. Incident Details:

Fixed Route Service _____ Paratransit Service _____

Date of Occurance _____ Time of Occurance _____

Name of Employee (s) and or Others Involved _____

Vehicle Number and/or Route _____

Direction of Travel _____

Location of Incident _____

Mobility Aid Used _____

If above information is unknown, then please provide other descriptive information in order to help identify the employee_____

Description of Incident or Message_____

4. Follow-Up:

May we contact you if we need more details? Yes_____No_____

What is the best way to reach you? Phone_____Email_____Mail_____

If phone call is preferred, what is the best day and time to reach you?

5. Desired Response:

Email_____Phone_____Mail_____