



# ADA Complaint Form

Effective: 20220628

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San Joaquin Regional Transit District (RTD) is committed to ensuring that our implementation of public transportation services is fully compliant with Title II of the American Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Any person who believes there may be either a(n): **1) ACCESSIBILITY ISSUE** (e.g., physical barriers) or **2) DISCRIMINATION BASED ON DISABILITY** may file a signed, written ADA complaint with RTD.

Please provide the following information to process your complaint. Please mail, deliver, or email this complaint to RTD. The addresses are available at the end of this form.

## SECTION 1: BASIC INFORMATION OF COMPLAINANT

### PERSON SUBMITTING COMPLAINT INFORMATION

Name:

Address:

City:

State: CA

Zip:

Work Phone:

Home Phone:

Cell Phone:

Email address:

### COMPLAINANT'S INFORMATION *(only if different than the person submitting the complaint)*

Name:

Address:

City:

State: CA

Zip:

Work Phone:

Home Phone:

Cell Phone:

Email address:

## SECTION 2: INCIDENT DETAILS

### ACCESSIBILITY COMPLAINT *(If this does not apply to you, please skip and fill out the disability complaint portion)*

Date of incident (MM/DD/YYYY):

Time of incident:

AM  PM

Service type:  Local  BRT Express  Commuter  Hopper  Van Go!  Dial-A-Ride

Route number:

Operator number:

Operator description:

### DISCRIMINATION BASED ON DISABILITY COMPLAINT

Date of incident (MM/DD/YYYY):

Time of incident:

AM  PM

Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?

NO  YES

If yes, please provide the contact information for the agency/court where the complaint was filed.

Agency/Court name:

Address:

Phone:

Complaint number:

