ADA Complaint Form

Effective: 20251107

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:

SECTION 3: INCIDENT EXPLANATION

ACCESSIBILITY ISSUE: If there is an accessibility issue, please explain how, when, where, and why you believe RTD is not accessible to persons with disabilities. You may attach additional pages if additional space is required. You may also attach any written materials or other information that you think is relevant to your complaint.

DISCRIMINATION BASED ON DISABILITY: If there is alleged discrimination based on disability, please explain what happened and whom you believe was responsible. Provide all details, pertinent facts and circumstances surrounding the alleged discrimination that will help RTD investigate your complaint. Specific details include: dates, times, route numbers, bus numbers and locations. You may attach additional pages if additional space is required. You may also attach any written materials or other information that you think is relevant to your complaint.

Signature: Date:

SUBMIT FORM: CHOOSE ONE OF THE FOLLOWING

Print and mail/deliver to:

San Joaquin Regional Transit District (RTD)
Attn: Mobility Department
421 East Weber Avenue
Stockton, CA 95202
Email to: Comments@sjrtd.com

ADA Complaint/Reasonable Modification Coordinator:

Dámaris E. Galvan
Mobility Department
Phone: (209) 943-1111 Ext. 696
Email Address: dgalvan@sjrtd.com