

ADA Complaint Form

Section I		
Name:	Telephone (Work):	
Address:		
Telephone (Home):	E-mail Address:	
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II		
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes* <input type="checkbox"/> 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 complaining:		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section III		
I believe the discrimination I experienced was based on disability:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Alleged Discrimination (Month, Day, Year):		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witness. If more space is needed, please use the back of this form.		
Section IV		
Have you previously filed an ADA complaint with this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Court	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> State Agency
	<input type="checkbox"/> State Court	<input type="checkbox"/> Local Agency
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:	Title:	
Agency:	Telephone:	
Address:		
Section VI		
Name of agency complaint is against:		
Contact person:	Title:	
Telephone:		
You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below		
Signature _____		Date _____
<i>Please submit this form in person at the address below, or mail this form to:</i> Culver CityBus, Attn: ADA Coordinator, 4343 Duquesne Avenue, Culver City, CA 90232		