



### ADA Complaint Form

MTS 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 MTS.

Please mail or deliver this form to: San Diego Metropolitan Transit System, Deputy General Counsel, 1255 Imperial Avenue #1000, San Diego, CA 92101.

#### SECTION 1: BASIC INFORMATION OF COMPLAINANT

| <u>PERSON SUBMITTING COMPLAINANT INFORMATION</u> | <u>COMPLAINANT'S INFORMATION (only if different than the person submitting the complaint)</u> |
|--|---|
| Name: _____                                      | Name: _____   |
| Address: _____                                   | Address: _____  |
| City/State/Zip: _____                            | City/State/Zip: _____   |
| Telephone Number: _____                          | Telephone Number: _____   |
| Email Address: _____                             | Email Address: _____  |

#### SECTION 2: INCIDENT DETAILS

| <u>ACCESSIBILITY COMPLAINT</u>   | <u>DISCRIMINATION BASED ON DISABILITY COMPLAINT</u>   |
|--|---|
| 1) Date, if any, when accessibility issue occurred?<br>_____   | 1) Date of alleged discrimination based on disability?<br>_____   |
| 2) Location of Accessibility Issue:<br><br>Bus/Trolley Station?<br>_____<br>Bus/Trolley Stop?<br>_____<br>Bus/Trolley Route or Number?<br>_____<br>Other?<br>_____ | 2) Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?<br>NO? _____ YES? _____   |
| 3) Describe in detail the incident below in SECTION 3.   | 3) If yes, please provide the contact information for the agency/court where the complaint was filed?<br>Agency/Court Name? _____<br>Address? _____<br>_____<br>Telephone Number? _____ |
|  | 4) If yes, please provide the applicable complaint number, if known.<br>_____   |
|  | 5) Describe in detail the incident below in SECTION 3.  |

