

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

PERSON SUBMITTING COMPLAINANT INFORMATION	COMPLAINTANT'S INFORMATION (only if different than the person submitting the complaint)
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone Number:	Telephone Number:
Email Address:	Email Address:

SECTION 2: INCIDENT DETAILS

	ACCESSIBILITY COMPLAINT	DISCRIMINATION BASED ON DISABILITY COMPLAINT		
1)	Date, if any, when accessibility issue occurred?	1) Date	of alleged discrimination based on disability?	
2)	Location of Accessibility Issue:	-	e you filed this complaint with any other	
	Bus/Trolley Station?		ral, state or local agency; or with any federal ate court? NO? YES?	
	Bus/Trolley Stop?		s, please provide the contact information for agency/court where the complaint was filed?	
	Bus/Trolley Route or Number?	Ager	ess?	
	Other?			
3)	Describe in detail the incident below in SECTION 3.	Tele	phone Number?	
			s, please provide the applicable complaint ber, if known.	
		5) Desc	ribe in detail the incident below in SECTION 3.	

SECTION 3: EVENT DETAILS

ACCESSIBILITY ISSUE: If there is an accessible issue, please explain how, when, where, and why you believe MTS 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 MTS investigate your complaint. Specific details includes: 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.

SECTION 4: SIGNATURE					
Complainant's Signature:	<u>-</u>	Date:			