



# AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

**PULLMAN TRANSIT**

**PLEASE PRINT CLEARLY**

**SECTION I**

Today's Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Do you require an accessible format? \_\_\_\_\_  
 Large Print \_\_\_\_\_ TTY/TDD \_\_\_\_\_ Audio Tape \_\_\_\_\_ Other \_\_\_\_\_

**SECTION II**

Are you filing this complaint on your own behalf? \* Yes \_\_\_\_\_ 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 filing:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address of person discriminated against: \_\_\_\_\_  
 Have you obtained permission from this person? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please explain why you have filed on behalf of this person:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION III**

If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.  
 Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_ Time: \_\_\_\_\_  
 Type of Transit: Dial A Ride: \_\_\_\_\_ Fixed Route \_\_\_\_\_ Other: \_\_\_\_\_  
 Transit Line / Route: \_\_\_\_\_ Vehicle ID or Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Name(s) of Employee(s) involved: \_\_\_\_\_  
 Explain as clearly as possible what happened and why you believe you were discriminated against. Use the back of this form if needed for more space.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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What type of corrective action would you like to see taken? \_\_\_\_\_

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**SECTION IV**

Have you previously filed an ADA complaint with PT? Yes\_\_\_\_ No\_\_\_\_  
BFT Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**SECTION V**

Have you filed this complaint with any other Federal, State, or Local Agency, or with any Federal or State Court?

Yes\_\_\_\_ No\_\_\_\_

If Yes, check all that apply:

Federal Agency:_____	Federal Court:_____
State Agency:_____	State Court:_____
Local Agency:_____	Local Court:_____

Please provide contact information for the person you spoke to at the above Agency:

Name:_____	Title:_____
Agency:_____	Telephone:_____
Address:_____	City:_____ State:_____ Zip:_____

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date is required to file this complaint.

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Complainants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form in person or at the address below, or mail this form to:

Pullman Transit  
Transit Manager  
775 NW Guy St.  
Pullman, WA 99163  
(509) 332 6535  
(509) 338 3247 (fax)