

ADA Complaint Form

ICTC is committed to ensuring that our implementation of public transit 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 ICTC.

Please fax, mail or deliver this form to: ICTC 1405 N. Imperial Ave., Suite 1, El Centro CA., 92243

SECTION 1: BASIC INFORMATION

<u>PERSON SUBMITTING COMPLAINT INFORMATION</u>	<u>COMPLAINANT'S INFORMATION</u>
Name: _____	(Only if different than the person submitting the complaint) 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? _____	1) Date of alleged discrimination on disability? _____
2) Location of Accessibility Issue: Bus Service: _____ _____ Bus Stop: _____ _____ Bus Route/Number _____ _____ Other _____ _____	2) Have you filed this complaint with any other federal, state or local agency; or with any federal or state court? 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? Agency/Court Name? _____ Address? _____ _____ Telephone Number? _____
	4) If yes, please provide the applicable complaint number, if known. _____
	5) Describe in detail the incident below in SECTION 3

