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

PERSON SUBMITTING COMPLAINT INFORMATION

SECTION 1: BASIC INFORMATION

Name:

COMPLAINANT'S INFORMATION

(Only if different than the person submitting the complaint)

Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone Number:	Telephone Number:
Email Address:	Email Address:
SECTION	2: INCIDENT DETAILS
ACCESSIBILITY COMPLAINT 1) Date, if any, when accessibility issue occurred?	DISCRIMINATION BASED ON DISABILITY COMPLAINT 1) Date of alleged discrimination on disability?
2) Location of Accessibility Issue: Bus Service:	2) Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?
	NO? Yes?
Bus Stop:	3) If yes, please provide the contact information for the agency/court where the complaint was filed? Agency/Court Name? Address?
Bus Route/Number	Address?
Other	Telephone Number?
3) Describe in detail the incident below in SECTION 3	4) If yes, please provide the applicable complaint number, if known.
220110	5) Describe 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 IVT/IVT Ride/ IVT Access/IVT MedTrans 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 ICTC investigate your complaint. Specific details includes: dates, times, bus service, 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 complain
Section 4: Signature	
	Complainant's Signature: Date: