



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. 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. If you need assistance filling out this form, please let us know.

Please fax, mail or deliver this form to: ICTC 1503 N. Imperial Ave., Suite 104,
El Centro, CA 92243
Fax: (760) 592-4410

SECTION 1: BASIC INFORMATION

<u>PERSON SUBMITTING COMPLAINT INFORMATION</u>	<u>COMPLAINANT'S INFORMATION</u> (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

<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: _____ 3) Describe in detail the incident below in SECTION 3	2) Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? YES? _____ NO? _____ 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

Complainant's Signature: _____ Date: _____