



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: _____	2) Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? YES? _____ NO? _____
Bus Stop: _____	3) If yes, please provide the contact information for the agency/court where the complaint was filed. Agency/Court Name: _____ Address: _____ Telephone Number: _____
Bus Route/Number: _____	4) If yes, please provide the applicable complaint number, if known. _____
Other: _____	5) Describe in detail the incident below in SECTION 3
3) Describe in detail the incident below in SECTION 3	



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SECTION 3: EVENT DETAILS

ACCESSIBILITY ISSUE: If there is an accessibility issue, please explain how, when, where, and why you believe IVT / IVT RIDE Now / 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 you believe you were subjected to discrimination based on disability, please describe the incident and identify the individual(s) or entity you believe were responsible. Provide all details, pertinent facts and circumstances surrounding the incident 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 complaint.

SECTION 4: SIGNATURE

Complainant's Signature: _____ Date: _____