



**Foothill Transit**  
Going Good Places

**AMERICANS WITH DISABILITIES (ADA) ACT COMPLAINT FORM**

Foothill Transit is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by title II of the Americans with Disabilities Act of 1990 (“ADA”). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact Foothill Transit at 1-800-RIDE-INFO (743-3463). The completed form may be returned to the ADA Coordinator, 100 S. Vincent Avenue, Suite 200, West Covina, CA 91790. You may also submit this form via email at [ada@foothilltransit.org](mailto:ada@foothilltransit.org) or via fax at 626-915-1143.

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Complainant

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Street Address

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Phone

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Person preparing complaint (if different from Complainant)

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Date of incident:

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of Foothill Transit employees or representatives, if available.

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Continue to next page.

Description of incident, continued:

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Have you filed a complaint with any other federal, state, or local agencies?

Yes  No If so, list the agency/agencies and contact information below.

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Agency	Contact Name
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Street Address, City, State, ZIP Code	Phone
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Agency	Contact Name
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Street Address, City, State, ZIP Code	Phone
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I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

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Complainant's signature	Date
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Print or type name of Complainant.