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 or via fax at 626-915-1143.

_____

Complainant

_____

Street Address

_____

Phone

_____

Person preparing complaint (if different from Complainant)

_____

Date of incident:

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

_____

_____

_____

_____

Description of incident, continued:

_____

_____

_____

_____

_____

_____

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.

_____
Agency   Contact Name

_____
Street Address, City, State, ZIP Code   Phone

_____
Agency   Contact Name

_____
Street Address, City, State, ZIP Code   Phone

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

_____
Complainant's signature   Date

_____
Print or type name of Complainant.