TUSCALOOSA TRANSIT AUTHORITY
ADA RIDER
COMPLAINT FORM

Section I

Name: _____ Address: _____

City: _____ State: _____

Telephone Numbers: (Home) _____ (Work) _____

E-Mail Address: _____

Accessible Format Requirements?

Large Print ____ Audio Tape _____ TDD ____ Other _____

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly implement Title II of the Americans with Disabilities Act of 1990 (the ADA), the Department of Transportation (DOT) ADA regulations, and Section 504 of the Rehabilitation Act of 1973. In the FTA complaint investigation process, we analyze the complainant's allegations for possible ADA deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance o\is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.

Section II

Are you filing this complaint on your own behalf?

Yes _____ No _____

(If you answered "yes" to this question, go to Section III.)

If not, please supply the name and relationship of the person for whom you are complaining:

_____

Please explain why you have filed a third party.

_____

_____.

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes _____ No _____

Section III

Have you previously filed an ADA complaint with FTA? Yes _____ No _____

If yes, what was your FTA Complaint Number? _____

(Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.)

Have you filed this complaint with any of the following agencies?

Transit Provider _____ Department of Transportation _____ Department of Justice _____
Equal Employment Opportunity Commission _____ Other _____

Have you filed a lawsuit regarding this complaint? Yes _____ No _____

If yes, please provide a copy of the complaint form.

(Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.)

Section IV
Name of public transit provider complaint is against:

_____

Contact person: _____ Title: _____
Telephone Number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Section V
May we release a copy of your complaint to the transit provider?
Yes _____ No _____

May we release your identity to the transit provider?
Yes _____ No _____

Please sign here: _____ Date: _____

(Note: We cannot accept your complaint without a signature.)