

## ADA & Accessibility Complaint Form

Petaluma 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.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to:

Transit Manager  
Attn: ADA & Accessibility Comment  
Petaluma Transit  
555 N. McDowell Blvd  
Petaluma CA 94954

1. Complainant's Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. City, State and Zip Code \_\_\_\_\_
4. Phone Number (Main) \_\_\_\_\_ (Alt phone) \_\_\_\_\_
5. Person discriminated against (if someone other than the complainant)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_
6. Person preparing complaint (if different from complainant)  
\_\_\_\_\_
7. What date and time did the alleged incident take place?  
\_\_\_\_\_

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, check all that apply:

\_\_\_\_\_ Federal agency \_\_\_\_\_ Federal court \_\_\_\_\_ State agency  
\_\_\_\_\_ State court \_\_\_\_\_ Local agency

10. Please provide information about a contact person at the agency/court where the complaint was filed (if available).

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

\_\_\_\_\_   
Complainant's Signature

\_\_\_\_\_   
Date