OFFICE USE ONLY

DATE RECEIVIED: _____

CALLED IN: _____

WHO TOOK REPORT: _____

ADA COMPLAINT FORM

Please complete this form to report an ADA complaint regarding Pueblo Transit. The completed form should be returned to the office of Pueblo Transit at 350 Alan Hamel Ave., Pueblo, Co 81003 or emailed to transit@pueblo.us

GENERAL INFORMATION

Complainant's Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	
Accessible Format Requirements:		
Large Print:	Audio:	Other:

INCIDENT DETAILS

Date:	Time:	AM PM
Bus Route	Location:	

DESCRIPTION OF INCIDENT

Name of Driver involved if applicable:

Name of staff member involved if applicable:

Describe how you were discriminated against. Attach additional sheets if needed.

WITNESS INFORMATION	
Name:	
Address:	
Phone:	Email:
Name:	
Address:	
Phone:	Email:
SIGNATURE	
Signature:	Date:

Attach any documents you believe support your complaint.

SUBMIT

All Complaints are investigated by Pueblo Transit. All complaints are kept confidential and all information contained on this complaint is kept confidential. This form must be completely filled out.