

OFFICE USE ONLY

DATE RECEIVED: _____

CALLED IN: _____

WHO TOOK REPORT: _____



ADA COMPLAINT FORM-LARGE PRINT

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: _____

WITNESS INFORMATION

Name:

Address:

Phone:

Email:

Name:

Address:

Phone:

Email:

SIGNATURE

Signature:

Date:

Attach any documents you believe support your complaint.

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.
