ADA COMPLAINT FORM

Any person who believes that he or she has been discriminated against by Valley Metro or any of its service providers, and believes the discrimination was based soley upon his or her disability, may file a formal complaint with Valley Metro Customer Service.

Please provide the following information to process your complaint. Please mail or deliver this form to: Valley Metro Customer Service, 4600 E. Washington Street, Suite 101, Phoenix, AZ 85034. Alternative formats and languages are available upon request. You can reach Customer Service at 602.253.5000/TTY: 602.251.2039 or email at *csr@valleymetro.org*.

Section I: Customer Information

Name:

Address:

City: | State: | Zip:

Work Phone: | Home Phone: | Cell Phone:

Email Address:

Section II

Are you filing this complaint on your own behalf? (If you answered "yes" to this question, go to section III) ❑ Yes ❑ No

Name of person for whom you are submitting a complaint: | Relationship:

Please explain why you have filed on behalf of a third party:

Section III: Incident Information

Please describe your complaint. Include specific details such as names, dates, times, route numbers, witness names and contact information, and any other information that would assist Valley Metro in its investigation of your allegations. If you need more space, please use the back of this paper. You may also attach any written materials or other information that you think is relevant to your complaint.

Date of Alleged Incident (MM/DD/YYYY): | Time of Alleged Incident: AM/PM | City:

Route Number: | Direction of travel:

Vehicle Number: | Vehicle Type: | Location:

Operator Name/Badge Number:

Operator Description:

Service Type: ❑ Local ❑ LINK ❑ Express/RAPID ❑ Light Rail ❑ Circulator/Connector ❑ Dial-a-Ride

Section IV: Administrative

Have you filed this complaint with the Federal Transit Administration (FTA)? ❑ Yes ❑ No

If yes, please provide information about the Federal Transit Administration complaint number (Note: This information is helpful for administrative tracking purposes.):

Have you previously filed an ADA complaint with this agency: ❑ Yes ❑ No

Signature and date required below:

Signature | Date

valleymetro.org
602.253.5000
TTY 602.251.2039

VALLEY METRO

ADA 2745