

# TRINITY METRO ADA COMPLAINT FORM

The Americans with Disabilities Act of 1990 (ADA) provides that no individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of, or be subjected to discrimination under any Trinity Metro program, service or activity. If you have a complaint under ADA, complete this form and submit it to:

ATTN: ADA Compliance Officer  
Trinity Metro  
801 Cherry St., Suite 850  
Fort Worth, TX 76102

You may also email the completed form to [compliance@ridetm.org](mailto:compliance@ridetm.org).

## A. COMPLAINANT INFORMATION

NAME \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

ACCESSIBLE FORMAT REQUIREMENTS (IF APPLICABLE)

LARGE PRINT

TDD

AUDIO TAPE

OTHER: \_\_\_\_\_

## B. PRIMARY/THIRD PARTY INFORMATION

IF YOU ARE FILING THIS COMPLAINT ON YOUR OWN BEHALF, CONTINUE TO SECTION C.

NAME \_\_\_\_\_

RELATIONSHIP TO COMPLAINANT \_\_\_\_\_

PLEASE PROVIDE A BRIEF EXPLANATION FOR FILING ON BEHALF OF COMPLAINANT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU OBTAINED PERMISSION FROM THE AGGRIEVED PARTY TO FILE ON BEHALF OF THEM?  YES  NO



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## C. COMPLAINANT BASIS

DATE OF ALLEGED DISCRIMINATION (DD/MM/YY)

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please either use the back of this form or a separate sheet of paper.

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## D. COMPLAINT FILING CONTACTS

HAVE YOU PREVIOUSLY FILED AN ADA COMPLAINT WITH TRINITY METRO?  YES  NO

HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY OR COURT?  YES  NO

IF YES, CHECK ALL THAT APPLY:  LOCAL AGENCY  STATE AGENCY  FEDERAL AGENCY  STATE COURT  FEDERAL COURT

NAME OF AGENCY/COURT CONTACT

TITLE/ROLE OF AGENCY/COURT CONTACT

CONTACT PHONE

NAME OF COURT/AGENCY

MAILING ADDRESS (IF UNKNOWN, LEAVE BLANK)

CITY

STATE

ZIP CODE

YOU MAY ATTACH ANY WRITTEN MATERIALS OR OTHER INFORMATION YOU THINK IS RELEVANT TO YOUR COMPLAINT

COMPLAINANT'S SIGNATURE

DATE



# TRINITY METRO ADA COMPLAINT FORM

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PLEASE EMAIL THE COMPLETED FORM TO:  
**COMPLIANCE@RIDETM.ORG**

OR MAIL TO:  
**ATTN: ADA COMPLIANCE OFFICER  
TRINITY METRO  
801 CHERRY ST., STE 850  
FORT WORTH, TX 76102**

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## OFFICE USE ONLY

### JURISDICTION:

ON OR BEFORE 180 DAYS POST EVENT

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### APPEAL:

10 DAYS POST RECEIPT DATE OF CLOSURE LETTER OR  
LETTER OF FINDING

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### CLOSURE:

1 – CLOSURE LETTER

2 – LETTER OF FINDING

3 – ADMINISTRATIVE (FC)

4 – ADMINISTRATIVE (CW)

