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 Grove St.**

**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

ACCESSIBLE FORMAT REQUIREMENTS *(IF APPLICABLE)*

*CITY STATE*

*ZIP CODE*

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



801 Grove Street | Fort Worth, Texas 76102 | 817.215.8700 | RIDE**TRINITYMETRO**.org

**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.

# 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, 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



801 Grove Street | Fort Worth, Texas 76102 | 817.215.8700 | RIDE**TRINITYMETRO**.org

PLEASE EMAIL THE COMPLETED FORM TO:

[**COMPLIANCE@RIDETM.ORG**](mailto:COMPLIANCE@RIDETM.ORG)

OR MAIL TO:

**ATTN: ADA COMPLIANCE OFFICER TRINITY METRO**

**801 GROVE ST.**

**FORT WORTH, TX 76102**

**OFFICE USE ONLY**

## JURISDICTION:

ON OR BEFORE 180 DAYS POST EVENT

## CLOSURE:

1 – CLOSURE LETTER

## APPEAL:

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

2 – LETTER OF FINDING

1. – ADMINISTRATIVE (FC)
2. – ADMINISTRATIVE (CW)



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**JANUARY 2023** 619-139\_E.Inf.Di\_20