

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 Grove St.
Fort Worth, TX 76102

You may also email the completed form to 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



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

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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.

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

PLEASE EMAIL THE COMPLETED FORM TO:
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

APPEAL:

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

CLOSURE:

1 – CLOSURE LETTER

2 – LETTER OF FINDING

3 – ADMINISTRATIVE (FC)

4 – ADMINISTRATIVE (CW)

