

# 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](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



# TRINITY METRO ADA COMPLAINT FORM

## **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**

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**

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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)

