

Section 1

## **ADA COMPLAINT FORM**

Version: 1 Effective: 03/2017 Mail to:

RGRTA Legal Affairs Department 1372 East Main Street Rochester NY 14609

If assistance is needed in another language, please call 585.288.1700. Si necesita información en otro idioma, por favor llame al 585-288-1700.

Name:					
Address:					
Telephone (Home):Telephone (Work):					
Electronic Mail Address:					
Accessible Format Requirements?  Large Print Audio Tape  Description  Description					
Section 2					
Are you filing this complaint on your own behalf? Yes No If you answer YES, go to Section 3. If you answer NO, complete Section 2.					
Supply the name of the third party and your relationship to the third party.					
Name:					
Why you are filing a complaint for a third party?					
Did you obtain the permission of the aggrieved party to file on his/her behalf?					



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Date of alleged discrimination based on disability (Month, Day, Year):						
Time of alleged discrimination based on disability:						
Transit Service RTS Acce (choose one):		RTS Livingston	RTS Ontario	RTS Orleans	RTS Wayne	RTS Wyoming
Bus #:	Rou	te Name/Numb	er:			
Direction of Travel:		Location of Inci	dent:			
Mobility Aid Used (if any):  Explain:  What happened;  Why you believe you were describe all persons who we lif you need more space, please	ere involved.	nst; and				
Provide:  • The name and contact inform • The names and contact inform If you need more space, please	rmation of any wit	nesses.	iminated aga	inst you (if kr	nown); and	



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1372 East Main Street
Legal Affairs Department
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Section 4 Have you filed court? Y	this comp		eral, State, or local agency,	or with any Federal agency or State
If you answer	YES, check	all that apply:		
Federal Co	ourt	State Agency	State Court	Local Agency
Please provide	informatio	n about a contact person	at the agency/court where th	ne complaint was filed.
Name:				
Title:				
Agency:				
Address:				
Telephone:				
Signature	and Da	te Required Belov	W	
Signature:				Date:
Please submit RGRTA Legal A 1372 East Mai	Affairs Depa	person at the address be	low, or mail this form to	

**Rochester NY 14609**