

ADA COMPLAINT FORM

Title II and III of the Americans with Disabilities Act of 1990 (ADA) provide that no entity shall discriminate against an individual with a disability in connection with the provision of transportation service.

If you feel you have been discriminated against in regards to an ADA transit service issue, please provide the following information in order to assist us in processing your complaint and sent it to:

ADA Coordinator Longview Transit 908 Pacific Avenue Longview, Texas 75602

Please print clearly:

City, State, Zip Code:	
Please indicate why you believe the discrimination occurred:	
What was the date of the alleged discrimination?	
Where did the alleged discrimination take place?	
Please describe the circumstances as you saw it:	-
Diagon list any and all witnesses' names and above numbers:	
Please list any and all witnesses' names and phone numbers:	

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What type of corrective action would you I	ike to see taken?
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Please attach any documents you have w form and send to the ADA Coordinator at:	hich support the allegation. Then date and sign this
ADA Coordinator 908 Pacific Avenue Longview, Texas 75602	
Your signature	
Print your name	
Date	