

## General ADA Complaint Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code : \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address : \_\_\_\_\_

Person(s) discriminated against (if someone other than complainant): \_\_\_\_\_

Contact information: \_\_\_\_\_

Describe the alleged discrimination incident as accurately as possible including names, dates and times. Provide the names of all MTA transit employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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I affirm that I have read the above charge and that it is true to the best of my knowledge.

Complainant's signature: \_\_\_\_\_ Date: \_\_\_\_\_