



ADA COMPLAINT FORM

Complaint No. _____

The Detroit Transportation Corporation is committed to customer satisfaction, and accordingly encourages riders to communicate their concerns. It is therefore necessary to establish a customer complaint system for investigating customer concerns and settlement of customer problems as quickly as possible.

Title II and III of the Americans with Disability Act of 1990 (ADA) provides that "No entity shall discriminate against an individual with a disability in connection with the provision of transportation services." If you feel you have been discriminated against in transportation services, please provide the following information, attach any supporting documentation, and send your complaint to:

Brenda Walker, Manager, Human Resources Division, Detroit Transportation Corporation,
Phone: (313) 224-2160 /Fax: (313) 224-1207 Corporate Office Hours: 9:00 a.m. – 5:00 p.m.

Name of Complainant (Please Print): _____

Home Number: _____ Work/Cell: _____

Address: _____ City, State _____ Zip _____

Please list your primary ADA qualified disability: _____

Type of Alleged Discrimination (Please check all that apply):

Physical Access [] Service Animal [] Reasonable Accommodation [] Denial of Services []

Other [] _____

Date of Incident: _____ Time Occurred: _____ Location of Incident _____

Name / Position / Title of the person causing the incident / discrimination

Description of Complaint or Incident (use a separate sheet if necessary):

Did someone else witness this incident? Yes [] No []

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Person Receiving Complaint (please print):

Date: _____ Time Call Was Received: _____

Actions Taken / Staff Involved (Please attach any supporting documentation): _____

_____ Inquiry Close Date: _____

I affirm that I have provided this statement and it is true to the best of my knowledge, information and belief.

Complainant's Signature / Date