

AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity and access for persons with disabilities. 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:

ALAMO REGIONAL TRANSIT

Attn: Joseph Briones, Mobility Coordinator

2700 NE Loop 410, Ste. 101

San Antonio, TX 78217

Or send via email to: jbriones@aacog.gov

Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Reason for the alleged discrimination (race, color, or national origin):

Date and location of the alleged discrimination:

Describe the alleged discrimination (attach additional sheets if necessary):

List all witnesses' names and phone numbers:

What type of corrective action would you like to see taken:

Signature: _____

Printed Name: _____

Date: _____