

ADA Discrimination Complaint Form

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity and access for persons with disabilities. Section 504 of the Rehabilitation Act of 1973 states that no person with a disability shall be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity that receives Federal funding. Complaints that may violate the ADA will be directed to our Operations Director. Any person may make a complaint of discrimination on the basis of disability by **submitting a written complaint within 180 days of the alleged discriminatory act.**

If you require any assistance in completing this form, please contact Customer Service by calling (360) 373-2877. The completed form must be returned to Kitsap Transit via e-mail: kitsapride@kitsaptransit.com OR mail to: 60 Washington Avenue, Suite 200, Bremerton, WA 98337, ATTN: Operations Director. **The following information is necessary to assist us in processing your complaint.**

Your Name:	Phone:	Alt. Phone:
Street Address:	City, State, Zip Code:	
Person(s) discriminated against (if someone other than complainant):		
Name(s):		
Street Address, City, State & Zip Code:		

Which of the following best describes the type of ADA complaint you have? (Circle one or more)

Date of incident: _____

- ☐ Travel times
- ☐ Telephone wait time
- ☐ Trip denials
- ☐ Mobility securement
- ☐ Missed trips
- ☐ Staff behavior
- ☐ Something else

Please describe the alleged discrimination incident. Provide names and titles of all Kitsap Transit employees involved if available. Please provide as much detail as possible: route number, date and time of day, bus number, names and contact information for witnesses. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Complete reverse side of form

