

SonomaCountyTransit

Americans with Disabilities Act Complaint Form

Sonoma County Transit is dedicated to operating a transit system that serves people of all abilities. If you believe you have been excluded from, denied the benefits of, or been subjected to discrimination due to your disability while using any Sonoma County Transit, you are encouraged to report it. You may also request a reasonable modification to make the transit system more accessible to you.

Please print or type your responses below. You may submit this form in person, mail, or email this form to:

Sonoma County Transit
355 West Robles Ave
Santa Rosa, CA 95407
Phone: 707.576.7433
Email: comments@sctransit.com

Sonoma County Transit will respond to your request within 30 business days of receipt. If the complainant is unable to write because of a disability and needs assistance in completing the form, Sonoma County Transit staff will assist by scribing the complaint by phone. If requested by the complainant, Sonoma County Transit staff will provide a language or sign interpreter or another accessible format.

Section 1: Contact Information

1. Name:
2. Address:
3. City:
4. Zipcode:
5. Phone Number:
6. Email Address:

Section 2: Filing on Behalf of Others

7. Are you filing this complaint on your own behalf?

8. If you answered no, please supply the name and relationship of the person for whom you are filing this complaint.

9. Explain why you are filing for a third party.

10. Confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:

Section 3: Complaint

11. Date and Time of Alleged Discrimination:

12. Describe your complaint in detail. Please be specific. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. Please provide the route, vehicle number, time of day and direction of travel, if you have them, as they can be very helpful during an investigation. If more space is needed, please attach additional sheets.

Section 4: Attestation

I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief.

Signature:

Date: