

ADA Complaint Log Form

For issues related to ADA accessibility and compliance.

1. Complainant Information (Optional unless follow-up is requested)

Name: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method: Phone Email None

2. Date & Time of Incident

Date: ____ / ____ / ____ Time (if known): _____ AM / PM

3. Location of Incident

Route Number: _____

Bus Number (if known): _____

Bus Stop / Address / Area:

4. Description of Incident

5. Type of Complaint (Check all that apply)

Driver did not deploy ramp or lift

Driver did not allow service animal

Lack of space for wheelchair/scooter

Inaccessible bus stop or shelter

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Inadequate audio/visual announcements

Discriminatory behavior

Other: _____

6. Was a Bus Employee Informed at the Time?

Yes No Not Sure

If yes, who? _____

7. Would You Like a Follow-Up?

Yes No

8. Signature (if submitting physically)

Signature: _____ Date: ____ / ____ / ____