ADA Complaint Form

Passed by Congress in 1990, the Americans with Disabilities Act (ADA) is the nation’s first comprehensive civil rights law addressing the needs of people with disabilities, prohibiting discrimination in employment, public services, public accommodations, and telecommunications.

The Americans with Disabilities Act (ADA) is an important federal law that addresses the rights of persons with disabilities in employment and transportation. The transportation provisions are important in increasing the independence of persons with disabilities by improving their mobility. Greater Dayton RTA complies with the ADA, Department of Justice and the Federal Transit Administration and requires that all employees do so as well.

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. RTA will respond to all complaints, including ADA within three (3) days and resolve within thirty (30) days.

Complete this form and mail or deliver to:
Greater Dayton Regional Transit Authority
Customer Service, Attn: Quality Service Supervisor
4 South Main Street
Dayton, Ohio 45402

Complaints may also be taken at (937) 425-8300, 7:30 a.m. - 5 p.m. Monday through Friday and 8 a.m. - 4:30 p.m. Saturday, Sunday and holidays. You can also email our office at customerservice@greaterdaytonrta.org.

1. Complainant’s Name:__________________________________________________________
   Address:_____________________________________________________________________
   Telephone No. (Home):_______________________(Business):_______________________
   Email:______________________________________________________________________
2. Best method to contact you:

- [ ] Mail
- [ ] Phone
- [ ] Email

3. Accessible format requirements:

- [ ] Large Print
- [ ] Not Applicable
- [ ] Other: ____________________________________________________________

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

- [ ] Yes
- [ ] No

If no, please answer questions 5 and 6 below.

5. Name, address and relationship of the person for whom you are complaining:

Name: ________________________________________________________________

Address: ______________________________________________________________

Relationship: __________________________________________________________

6. Please explain why you have filed for another person: ______________________

________________________________________________________________________

________________________________________________________________________

7. Have you previously filed an ADA complaint with Greater Dayton RTA?

- [ ] Yes
- [ ] No

8. Date of incident when alleged discrimination occurred: ____________________
9. Describe how you were discriminated against. What happened and who was responsible? Please provide the location of the incident, bus number and line. For additional space, attach additional sheets of paper or use back of the form.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

10. Witnesses? Please provide their contact information.

Witness 1: Name:_______
Address:__________________________ Telephone No. (Home):____________________
Address:__________________________ Telephone No. (Business):_____________________

Witness 2: Name:_______
Address:__________________________ Telephone No. (Home):____________________
Address:__________________________ Telephone No. (Business):_____________________

Witness 3: Name:_______
Address:__________________________ Telephone No. (Home):____________________
Address:__________________________ Telephone No. (Business):_____________________

11. Have you filed this complaint with another federal, state, or local agency?

☐ Yes
☐ No

12. If yes, please indicate where the complaint was filed and the contact information for the agency you filed the complaint with:______________________________________________

__________________________________________________________________________

Name of Agency:___________________________________________________________

Address:_______________________________________________________________

Telephone No. (Home):__________________________ (Business):__________________________

Date Filed:__________________________
Sign the complaint in space below. Attach any documents you believe support your complaint.

Complainant’s Signature ___________________________ Date ___________________________

Complainant’s Printed Name ___________________________