RIDE Tulare County

ADA COMPLAINT FORM

TCRTA provides equal access to its transportation services, programs, and activities. Use this form if you believe TCRTA discriminated against you because of a disability or failed to meet an applicable accessibility requirement.

Submit the complaint as soon as possible and generally within 180 calendar days of the alleged incident. If you need this form in an accessible format, another language, or assistance completing it, contact TCRTA at (559) 972-2467.

1. COMPLAINANT INFORMATION

Full name

Mailing address

City, State, ZIP

Telephone

Email

Preferred contact method ☐ Phone ☐ Email ☐ Mail

Do you need communication assistance or an accessible format? If yes, describe.

2. PERSON AFFECTED (IF DIFFERENT FROM COMPLAINANT)

Name of person affected

Relationship to complainant / authority to file on their behalf

☐ I have permission to file on this person's behalf.

3. INCIDENT SUMMARY

Date of incident (MM/DD/YYYY)

Approximate time

Route / service / trip

Vehicle or bus number (if known)

Location (stop, address, city, or other identifying information)

4. BASIS AND DETAILS OF COMPLAINT

Check each issue that applies:

- ☐ Disability discrimination
- ☐ Denied access / unequal service
- ☐ Lift, ramp, securement, or accessibility equipment
- ☐ Passenger assistance / operator conduct
- ☐ Stop announcements / communication access
- ☐ Other ADA concern

Disability or accessibility need involved (optional):

Describe what happened. Include names or descriptions of involved personnel, what was said or done, and how you were affected.

What action or resolution are you requesting?

5. WITNESSES

Witness 1 name

Telephone or email

Witness 2 name

Telephone or email

6. SUPPORTING DOCUMENTS

- ☐ Documents, photographs, correspondence, or other evidence are attached.

List attachments:

7. OTHER COMPLAINTS OR LEGAL ACTION

Have you filed this complaint with another federal, state, or local agency, or with a court?

☐ Yes ☐ No

Agency or court name

Date filed

Contact person / case number

Current status or outcome

8. CERTIFICATION AND SIGNATURE

I certify that the information provided in this complaint is true and correct to the best of my knowledge. I authorize TCRTA to contact me regarding this complaint and understand that information may be shared as necessary to investigate and respond, consistent with applicable law.

Typed or electronic signature

Date (MM/DD/YYYY)

Typing your name above indicates your intent to sign this electronic form. If submitting a printed copy, you may sign by hand in the field above.

9. SUBMIT COMPLETED FORM

By mail or in person:

TCRTA - Attention: Civil Rights / Compliance
200 E. Center Ave.
Visalia, CA 93291

Questions or assistance:

Title VI Coordinator: (559) 623-0832
Website: www.gotcrta.org

You may also file directly with the Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building, 5th Floor - TCR, 1200 New Jersey Ave., SE, Washington, DC 20590. FTA complaint information: www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/file-complaint-fta.

FOR TCRTA USE ONLY

Date received

Complaint number

Assigned to

Acknowledgment date

Disposition / notes