

CitiBus ADA Complaint Form

Instructions: Please complete form. Fields marked with an asterisk (*) are required.

*Name: _____

*Address: _____

Email Address: _____

*Phone Number (Include Area Code): _____

*How do you prefer to be contacted?:

Phone E-mail U.S. Mail

Accessible Format Requirements: Large Print TDD Audio

Other: _____

*Are you filing this complaint on your own behalf? Yes No

If not, please provide the name of and your relationship to the person for whom you are filing the complaint:

Name: _____ Relationship: _____

*Date of alleged discrimination on the basis of disability: _____

*Time of day: _____

*Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved including the person who discriminated against you and all witnesses. Please include names and contact information for each party. If more space is needed please attach additional sheets.

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Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? ___ Yes ___ No

If yes, please provide the name of the agency or court where you filed this complaint.

Name of agency or court:

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Phone Number: _____

Note: You may attach any written materials or additional information you feel is relevant to your complaint.

Please mail this completed CitiBus ADA Complaint Form to the ADA Coordinator at the following address:

City of Watertown-ADA Coordinator
245 Washington Street, Suite 302
Watertown, NY 13601



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