

ALL ABOARD AMERICA!

**ADA
Complaint Form**

If you need assistance completing this form, or have any questions, please contact Leann Dunlap by phone at 432-561-8529. The following information is necessary to assist us in processing your complaint.

Section I

Name: _____

Address: _____

Telephone Numbers:

(Home) _____ (Work) _____

Electronic Mail Address: _____

Section II

Are you filing this complaint on your own behalf?

Yes ____ No ____

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining:

Name _____

Relationship _____

Please explain why you have filed for a third party. _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes ____ No ____

Section III

Name of public transit provider complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

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

Please mail your completed form to: All Aboard America!, 10615 W Co Rd 127, Odessa, TX 79765

Please print your name _____

Please sign your name _____

Date _____

Mail your completed form to:
All Aboard America!
10615 W Co Rd 127
Odessa, TX 79765

**If information is needed in another language, contact 800-628-1335
Si necesita información en otro idioma, Contacta con 800-628-1335**