



ADA Complaint Form

If you need assistance completing this form, please contact our office by phone 432-561-8529. The following information is necessary to assist us in processing your complaint.

Section I

Name: _____

Telephone Numbers: _____ (home) _____ (work)

Email address: _____

Section II

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

[If you answered "yes" to this question, go to Section 111.]

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

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:

Agency name: _____

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: _____

If information is needed in another language, contact 800-628-1335.

Si necesita informacion en otro idioma, Contacta con 800-628-1335.