



# American with Disabilities Act (ADA) Complaint Form

Before completing this form, please read the Manatee County Area Transit (MCAT) Americans with Disabilities Act (ADA) Complaint Procedures located on the Manatee County website at [www.ridemcat.org](http://www.ridemcat.org) or by visiting the MCAT Administrative Office, located at 2411 Tallevast Road (on the northwest corner of US Highway 301 and Tallevast Road.) The following information is necessary for understanding and processing your complaint and for follow up or clarification of specific details. If you require assistance in completing this form, please contact the MCAT Administrative Office at (941) 747-8621. Complaints must be filed within 90 calendar days after the date when the alleged discrimination occurred to ensure proper investigation of the complaint.

## Section I

Complainant's Name (i.e., the name of the person alleging discrimination):

Person Filing this Complaint (if different than the complainant named above):

Contact Phone Number (including area code):

Email Address:

Date(s) when the alleged discrimination occurred:

Location(s) where the alleged discrimination occurred:

Describe the ADA Complaint in detail. (Please be specific about what happened and the disability discrimination experience with public transit service.)

Please identify the primary type of disability involved with this ADA complaint.

- Mobility
- Cognitive/Intellectual/Developmental
- Learning
- Mental Health / Psychiatric
- Vision
- Hearing
- Speech / Communication
- Other disability type

If you selected "Other" from the categories above, please describe the disability:

Type of potential ADA discrimination (Check all that apply):

- Failure or Denial of service (for example, the transit provider refused to pick up the customer as requested.)
- Refusal to modify a policy or procedure.
- Discriminatory conduct by transit employees.
- Other (please provide specifics below)

If you selected "Other" from the categories above, please describe the situations which prompted this complaint.

## Section II

Identify any person who may provide additional information to support or clarify the ADA Complaint by providing that person's name, telephone number and/or email address.

NAME:

TELEPHONE NUMBER:

EMAIL ADDRESS:

Is there any other relevant information to further the investigation of this complaint?

What do you suggest as corrective actions to prevent a recurrence of this problem?

If you have complained about this problem before, please provide specific details:

a. When did this happen?

b. Where did this happen?

c. What Happened?

d. Was a complaint filed with Manatee County Government?

YES

NO

If yes, please provide the date of the previous complaint.