

# City of Phoenix ADA Transit Complaint

Any person who believes that they have been discriminated against by the city of Phoenix, or one of the city's service providers, and believes that the discrimination is based solely upon their disability, may file a complaint with the city. Any such complaint must be in writing and filed within 180 days following the date of the alleged discriminatory occurrence.

To file a complaint online, please complete and then submit this form. It is pre-addressed to arrive at the correct destination when you click on the "Submit" button below.

If you have questions or comments about the process, or want to email the ADA Coordinator directly, please use this email address: [PHXTransitEO@phoenix.gov](mailto:PHXTransitEO@phoenix.gov).

So that we can best respond to your message, please fill in as much of the following information as possible.

Attention: boxes with red outlines  are required fields

## Section 1: Customer Information

**First and Last Name:**

**Mailing Address, include city, state and ZIP:**

**Phone Number (include area code):**

**Email Address:**

**Are you filling out this complaint on your own behalf?**

Yes

No



**City of Phoenix**

PUBLIC TRANSIT DEPARTMENT

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If no, please include your name and contact information.

*Complainant information should already be included in the above section.*

**First and Last Name:**

**Phone Number (include area code):**

**Email Address:**

**Relationship to the complainant:**

**Please explain why you are filing on behalf of the complainant:**

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## **Section 2: Incident Information**

**Date of Incident:** *(Month, Date, Year; i.e. Jan. 1, 2019)*

**Time of Incident:**

**City where incident occurred:**

**Major crossroads:**



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Direction of travel: *(north, south, east or west)*

## Transit Service Type

- Local
- Express/RAPID
- Light rail
- Neighborhood circulator
- Dial-a-Ride

*(Please fill in route and/or vehicle number information where the incident occurred)*

## **Operator and/or vehicle information**

*(include any information, about the operator name and/or description)*

## Section 3: Complaint Details

**Please describe the incident and provide details about why you believe you were discriminated against. Please describe all persons involved in the incident, including the name(s) and contact information of the person(s) who discriminated against you, and names and contact information of any witnesses.**



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Have you filed a complaint about this incident with the Federal Transit Administration (FTA) or Valley Metro?

Yes

No

If yes, please provide details: *(complaint number(s), or contact(s) at either agency)*

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## Section 4: Additional Material and Submit

**Signature**

*Please enter your full legal name in the box, this will be considered your signature.*

[Please click here to email Phoenix Transit](#), please attach this form and any other documentation about the complaint.

