



UMPQA PUBLIC TRANSPORTATION DISTRICT

## Appendix A ADA Complaint Form

### UPTD ADA Complaint Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you feel you were discriminated against because of your (check all that apply):

Race  Color  National Origin  Americans with Disabilities

Other  \_\_\_\_\_

Date & time of the alleged incident: \_\_\_\_\_

Route and/or bus number: \_\_\_\_\_

Driver's name or description: \_\_\_\_\_

Explain as clearly as possible what happened and how you were discriminated against. Be sure to include the names and contact information of any witnesses. If more space is needed, please use additional pages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you filed this complaint with any other federal, state, or local agency or with any court? Yes  No

If yes, check and identify all that apply:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Local Court



**UMPQA PUBLIC TRANSPORTATION DISTRICT**

Please provide information for a contact person at the Agency or Court where the complaint was filed:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please sign below. You may attach any additional written materials or other information you believe is relevant to your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send completed form to:

**Mail:**

Umpqua Public Transportation District 3076 NE Diamond Lake Blvd, Roseburg, OR 97470

**Email:** [cjohnson@umpquatransit.org](mailto:cjohnson@umpquatransit.org)

**In person:**

Umpqua Public Transportation District 3076 NE Diamond Lake Blvd, Roseburg, OR 97470