



**ADA Complaint Form
Texarkana Urban Transit District (TUTD)**

TUTD is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of physical and/or mental disabilities, as provided by the Americans with Disabilities Act. ADA complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the ADA Coordinator by calling (903)255-3503. The completed form must be returned to the TUTD ADA Coordinator at 1402 Texas Blvd. Texarkana, TX 75501.

Your Name:	Phone:
Street Address:	Alt Phone:
	City, State & Zip Code:
Person(s) discriminated against (if someone other than complainant):	
Name(s):	
Street Address, City, State & Zip Code:	

Which of the following best describes the reason for the alleged discrimination took place? (Circle one)

Date of Incident _____

- Physical disability
- Mental disability

Please describe the alleged discrimination incident. Provide the names and title of all TUTD employees involved if available. Explain what happened and whom you believe was responsible. Please use the next page of this form if additional space is required.

Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No

Agency:_____ Contact Name:_____

Street Address, City, State & Zip Code: _____ Phone:_____

Agency:_____ Contact Name:_____

Street Address, City, State & Zip Code: _____ Phone:_____

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

Complainants Signature:_____ Date:_____

Print or Type Name of Complainant:_____

Date Received:_____
Received by:_____