



**Americans with Disabilities Act Complaint Form**

E-tran is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by Title II of the Americans with Disabilities Act of 1990 (“ADA”). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact the City of Elk Grove Customer Service Specialist at (916) 627-3337. The completed form must be returned to:

**Transit Administrative Assistant  
City of Elk Grove, Transit Services  
8401 Laguna Palms Way  
Elk Grove, CA 95758.**

Complainant:
Phone:
Alt Phone:
Email:
Street Address:
City, State, Zip Code:
Person Preparing Complaint (if different from Complainant):
Street Address, City, State, Zip Code

Date of Incident: \_\_\_\_\_

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of e-tran employees involved, if available. Attach additional paper if needed.

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

If so, list agency/agencies and contact information below:

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Agency	Contact Name
Street Address, City, State, Zip Code	Phone

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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.

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Complainant's Signature	Date
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Print or Type Name of Complainant

<p style="text-align: center;"><b>Internal Use Only</b></p> <p>Date Received: _____</p> <p>Received By: _____</p>
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