ADA Complaint Form and Procedures

New Complaint Form

FACT FAYETTE AREA COORDINATED TRANSPORTATION

COMPLIMENT, SUGGESTION, COMPLAINT FORM

SECTION I: TYPE OF COMMENT (CHOOSE ONE)				
⊂ Compliment	⊂ Suggestion	⊂ Complaint	⊂ Other	ADA Related? ⊂ Yes ⊂ No

SECTION II: CONTACT INFORMATION
Salutation: [Mr./Mrs./Ms., etc.]:
Name:
Street Address:

City:	State:	Zip Code:

Phone:	Email:

Accessible Format Requirements: ⊂ Large Print ⊂ TDD/Relay ⊂ Audio Recording ⊂ Other: _____

SECTION III: COMMENT DETAILS
Transit Service (Choose One): ⊂ Shared-ride/Paratransit ⊂ Bus/Fixed Route

Date of Occurrence:	Time of Occurrence:

Name/ID of Employee(s) or Others Involved:
Vehicle ID/Route Name or Number:
Direction of Travel:
Location of Incident:
Mobility Aid Used (if any):
If above information is unknown, please provide other descriptive information to help identify the employee:
Description of Incident or Message:
How can your issue(s) be resolved to your satisfaction?

SECTION IV: FOLLOW-UP
May we contact you if we need more details or information? ⊂ Yes ⊂ No
What is the best way to reach you? (Choose One) ⊂ Phone ⊂ Mail ⊂ Email
If a phone call is preferred, what is the best day and time to reach you?

SECTION V: DESIRED RESPONSE
What is the best way to respond? (Choose One) ⊂ Telephone ⊂ U.S. Postal ⊂ Email
Fayette Area Coordinated Transportation, ADA Coordinator, 825 Airport Road, Lemont Furnace, PA 15456 - Phone: 724-628-7433, Email: _____
Please attach additional information or details.