

**Americans with Disabilities Act Complaint Form**

**Santa Clara Valley Transportation Authority (VTA)**

VTA 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 ADA Coordinator by calling (408) 321-2300. The completed form must be returned to the ADA Coordinator, 3331 North First Street, Building B-1, San Jose, CA 95134.

Complainant:
Phone:
Alt: Phone
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 VTA employees involved, if available.

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Description of incident continued:

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

Date Received: _____
Received By: _____