

**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:
Street Address:	Alt Phone:
	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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Continue to Next Page

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

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

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Date

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Print or Type Name of Complainant

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

Received By: \_\_\_\_\_