



ADA Complaint Form

Please provide the following information in order to process your complaint. Assistance is available upon request. The completed form must be returned to:

SFRTA - Administration Department
Attn: Administrative Compliance Officer
801 NW 33rd Street, Pompano Beach, FL 33064;
Telephone: 1-800-874-7245, TDD 1-800-273-7454

Complainant

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____ Email Address: _____

Person discriminated against (if other than complainant)

Name: _____

Street Address: _____

City, State, Zip Code: _____

Type of alleged discrimination? _____

Time and date of incident: _____

Location where alleged incident occurred: _____

Name/Position of the person who allegedly subjected you to discrimination: _____

Briefly describe the alleged incident (use separate sheet, if necessary): _____

Did anyone else witness the incident? _____ Yes _____ No

If yes, please list witnesses:

Name: _____

Address: _____

Telephone: _____

I hereby swear/affirm that the information that I have provided regarding this ADA Complaint is true and correct to the best of my knowledge, information and belief.

Your Signature

Date

Para recibir esta información en español por favor llame al 1 (800) TRI-RAIL (874-7245).

Pou resevwa enfòmasyon sa a an kreyòl silvouple rele 1 (800) TRI-RAIL (874-7245).