



## ADA COMPLAINT FORM

Complainant: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant):  
\_\_\_\_\_

Relationship to Complainant (if different from Complainant):  
\_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please provide a complete description of the specific complaint or grievance:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please specify any location(s) related to the complaint or grievance (if applicable):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please state what you think should be done to resolve the complaint or grievance:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional pages as needed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to:

**Jayne Ward**  
**City of Tracy Transit Coordinator**  
**Tracy, CA 95376**

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the Transit Coordinator at the address listed above, via telephone (209) 831-6214 or via e-mail at [Jayne.ward@cityoftracy.org](mailto:Jayne.ward@cityoftracy.org)