

Marin Transit / Marin Access

Americans with Disabilities Act Complaint Form

Marin County Transit District is dedicated to operating a transit system that serves people of all abilities. If you believe you have been excluded from, denied the benefits of, or been subjected to discrimination due to your disability while using any Marin Transit services, you are encouraged to report it to the District. You may also ask for a reasonable modification to make the transit system more accessible to you.

Please print or type your responses below. You may submit this form in person at the address below, or fax, mail, or email this form to:

Marin County Transit District

Address: 711 Grand Avenue, Suite 110, San Rafael, CA 94901

Phone: 415.226.0855 | Fax: 415.226.0856 | Email: info@marintransit.org

The District will respond to your request within 30 business days after receipt. If the complainant is unable to write because of a disability and needs assistance in completing the form, District staff will assist by scribing the complaint by phone. If requested by complainant, District staff will provide a language or sign interpreter or another accessible format.

Section 1: Contact Information

Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Section 2: Filing on Behalf of Others

Are you filing this complaint on your own behalf? Yes No

If you answered "yes" to this question, go to section 3.

If you answered "no," please supply the name and relationship of the person for whom you are filing this complaint.

Name:

Relationship:

Please explain why you are filing for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section 3: Complaint

Date and time of alleged discrimination:

Describe your complaint in detail. Please be specific. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. Please provide the route, vehicle number, time of day and direction of travel, if you have them, as they can be very helpful during an investigation. If more space is needed, please attach additional sheets.

I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief:

Signature:

Date:

