

**MARIN COUNTY TRANSIT DISTRICT  
TITLE 24 OR ADA DISABLED ACCESS COMPLAINT INTAKE FORM**

**Please Print or Type Information:**

**Date Filed:** \_\_ \_\_ Time: \_\_\_\_ **Complaint No.:** \_\_ **Type:** Treatment\_\_

**Received by:** \_\_Amy Van Doren, Marin Transit (Official Use Only) Name  
Department Phone Number 415 226-0859

( ) 1. Letter ( ) 2. Phone ( ) 3. County 4. ( ) Field ( ) 5. Referral ( ) 6. Other

\_\_\_\_\_

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

**Telephone:** ( )

**Address (Optional):**

\_\_\_\_\_

**Location of Alleged Violation:**

\_\_\_\_\_

**Complaint Description:**

\_\_\_\_\_

(For Official Use Only) Owner:

N/A \_\_\_\_\_

Owner's Address:

N/A \_\_\_\_\_

Date Inspected: \_\_/\_\_/\_\_ By: \_\_\_\_\_ Notice Provided to Owner \_\_\_\_(Yes) \_\_\_\_(No)

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Referred: \_\_/\_\_/\_\_ To:

\_\_\_\_\_

Date Abated: \_\_/\_\_/\_\_ By:

\_\_\_\_\_

Original to: [ ] Disability Access Coordinator

Cc: [ ] Marin County Transit District File

