



ADA COMPLAINT FORM

Title II and III of the Americans with Disabilities Act of 1990 (ADA) provide that no entity shall discriminate against an individual with a disability in connection with the provision of transportation service.

If you feel you have been discriminated against in regards to an ADA transit service issue, please provide the following information in order to assist us in processing your complaint and sent it to:

ADA Coordinator
Longview Transit
908 Pacific Avenue
Longview, Texas 75602

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell) _____ (other)

Person discriminated against if different than above:

Address of person discriminated against if different than above:

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Then date and sign this form and send to the ADA Coordinator at:

ADA Coordinator
908 Pacific Avenue
Longview, Texas 75602

Your signature

Print your name

Date