



## ADA Complaint Form

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38 and 39), and Section 504 of the Rehabilitation Act of 1973, as amended, the Tahoe Transportation District (TTD) ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of disability may file an ADA complaint.

You may file a complaint if you feel that you have been discriminated against due to your disability or are not satisfied with the service you received related to accommodating your disability.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance or reasonable modifications in completing this form, call (775) 589-5509.

### Complainant Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Person discriminated against (if someone other than the complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

1. Describe the alleged ADA violation. Please provide sufficient detail to make your complaint clear (attach additional pages if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Tahoe Transportation  
DISTRICT

2. What date did the alleged discrimination take place? \_\_\_\_\_

3. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?    Yes         No

4. If yes, check all that apply:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

5. Please provide contact information for the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All complaints must be on this ADA Complaint Form. You may attach additional information that may be relevant to your complaint. The investigation will be conducted and completed within 60 days of the receipt of the written complaint.

Please mail, fax, or e-mail your complaint(s) to:

Chris Jacobs  
Operations General Manager/ADA Coordinator  
Tahoe Transportation District  
PO Box 499  
Zephyr Cove, NV 89448  
[cjacobs@tahoetransportation.org](mailto:cjacobs@tahoetransportation.org)  
Fax: 775-588-0917