



## ADA Complaint Form

The Federal Transit Administration Office of Civil Rights is responsible for ensuring that providers of public transit properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

If there is a complaint, the complainant has 180 days to file it with Butler County RTA. In the investigation process, Butler County RTA will analyze the allegations for possible deficiencies. If deficiencies are identified, Butler County RTA has a maximum of 30 days to respond and correct the inadequacies.

Please mail the completed form to:

**Butler County RTA**  
**3045 Moser Court**  
**Hamilton, Ohio 45011**  
**513-785-5237**

Note: Apart from the form, **on separate pages**, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

**Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing.**

I believe that I have been (or someone else has been) discriminated against on the basis of my/their disability.     Yes             No

Complete section **A** on the following page if you are the complainant.

Complete sections **A and B** on the next page if you are filling this application out for someone else.

**Section A**

**Complainant's** Name: \_\_\_\_\_

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

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

Phone Numbers: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Accessible format requirements:  Large Print  Other \_\_\_\_\_

**Section B (To be filled out by the applicant if different than the complainant).**

**Applicants** Name: \_\_\_\_\_

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

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

Phone Numbers: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If you have filled out Section A **and** Section B, please explain why you have filed for the complainant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please confirm that you have obtained the permission from the aggrieved party if you are filing on behalf of a complainant.

Yes  No

Has the complainant previously filed a civil rights complaint with FTA?

Yes  No If yes, what was your FTA complaint number: \_\_\_\_\_

Has the complainant filed this complaint with any of the following agencies?  Yes  No

**If yes**, please attach a copy of any response you received to your previous complaint.

Transit Provider  Department of Transportation  
 Department of Justice  Equal Employment Opportunity Commission  
 Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint?  Yes  No

**If yes**, please provide the case number and attach any related material.

Case Number \_\_\_\_\_ Related material attached?  Yes  No

Name of public transit provider complaint is against: \_\_\_\_\_

Contact person at the facility: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

**The above information is true and accurate to the best of my knowledge**

Complainant's signature \_\_\_\_\_

Applicant's signature (if different than complainant) \_\_\_\_\_

**INTERNAL USE ONLY:**

Date received: \_\_\_\_\_ Date reported to FTA Civil Rights \_\_\_\_\_

Date responded: \_\_\_\_\_

Name of agency's (RTA) contact person: \_\_\_\_\_

Name of Civil Rights office contact person: \_\_\_\_\_

Civil Rights violated? \_\_\_ Yes \_\_\_ No

Corrective Action taken if applicable (attach separate report).