GO Transit

ADA Complaint Form

The American's with Disabilities Act (ADA) protects individuals with disabilities in relation to any services, programs, activities, and employment. If you believe you have been subjected to discrimination in transit services or employment under the ADA, you may file a complaint with this form. Please contact GO Transit by calling (920) 232-5340 with any additional questions.

Please send completed form to:

GO Transit – Attn: ADA Complaints 926 Dempsey Trail Oshkosh, WI 54902 <u>transit@ci.oshkosh.wi.us</u> (email) 920-232-5343 (fax)

Please print clearly:		
Name:		
Address:		
City, State, Zip:		
Phone #	Email:	
Person discriminated against (if different):		
Address (if different):		
City, State, Zip (if different):		
Please indicate why you believe the alleged disc	rimination occurred (cir	cle all that apply):
Mobility Impairment Cognitive Impairment Vision Impairment Hearing Impairment		Mental Health Issue Medical Issues
Othe	er:	
Date of the alleged discrimination:		
Where did the alleged discrimination take place	?	
Please describe alleged incident. Provide the na Explain what happened and whom you believe additional space is required.	was responsible. Please	use the back of this form if

For GO Transit office use only: Date received by GO Transit:		
Complainant's Signature	Date	
Complainant's Pr	rinted Name:	
I affirm that I have read the abov and belief:	re charge and that it is true to the best of my knowledge,	information
	thave which support the allegation. Date and sign this address listed on page 1 of this form.	form and sent
What type of action would you li	ike to see taken?	
Name:	Contact Number:	
Please list any and all witnesses'	names and phone numbers:	
		· · · · · · · · · · · · · · · · · · ·