



### 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. If you have any additional questions or need this information in an alternative format (such as large print, audio or Braille), please contact **GO Transit** at (920) 232-5340 or transit@oshkoshwi.gov.

Please send completed form to:

**GO Transit – Attn: ADA Coordinator**  
**926 Dempsey Trail**  
**Oshkosh, WI 54902**  
**transit@oshkoshwi.gov (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 discrimination occurred (circle all that apply):

- Mobility Impairment**
- Cognitive Impairment**
- Learning Disability**
- Mental Health Issue**
- Vision Impairment**
- Hearing Impairment**
- Speech Impairment**
- Medical Issues**

Other: \_\_\_\_\_

Date of the alleged discrimination: \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please describe alleged incident. Provide the names of all Go Transit employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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