



**LYNX<sup>®</sup>**

**ADA DISCRIMINATION COMPLAINT  
FORM**

Name ( <i>Complainant</i> ):	
Home Address ( <i>Street, City, State, Zip</i> ):	Person alleging discrimination ( <i>if other than the Complainant named above</i> ) and contact information ( <i>Name, Address, Telephone, Email</i> ):
Telephone(s):	E-Mail Address:
Name of Person(s), if known, or description of service or activity creating the basis for alleged discrimination:	
Date of alleged incident:	Location of alleged incident:
Type of alleged discrimination ( <i>Please circle one</i> ):  i) Failure of service (for example, the transit provider did not pick up the customer as requested).  (ii) Refusal to modify a policy or practice concerning the service.  (iii) Discriminatory conduct or attitude by transit employees.  (iv) Other (please specify) _____ _____	Explain what happened and how you believe that you were discriminated against.
Fully identify any person that we may contact for additional information to support or clarify your allegations by providing that person's name, address, telephone and/or email address:	
What other information do you have that is relevant to an investigation of this complaint?	

<p>What suggestions can you offer to us to provide better service in the future?</p>	<p>If you have filed this complaint with LYNX before, please specify: When, Where, and How?</p>
<p><b>Signature:</b></p>	<p><b>Date:</b></p>
<p><b>INTAKE BY (Print Name and Title):</b></p> <p><b>DATE COMPLAINT RECEIVED FOR PROCESSING:</b> ____/____/____</p>	
<p><b><i>If you need more space, please attach additional sheet(s). Attach any supporting documentation you have to support your complaint.</i></b></p>	