



Discrimination Based on Disability Complaint Form

If you believe you have been discriminated against based on your disability you may complete and submit this form. Your civil rights are protected under the federal Americans with Disabilities Act. You may also call Customer Service at (425) 353-RIDE (7433), TTY Relay: Dial 711, or contact ada@commtrans.org. Complaints must be received within 180 days of the alleged discriminatory complaint.

Section 1—Contact Information

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip Code: _____

Email: _____

Mobility aid used (if any): _____

Accessible Format Requirements: Language Assistance Large Print Other

Are you filing this complaint on your own behalf? Yes No

If NO, provide the name and relationship to the person for whom you are filing the complaint:

Section 2—Alleged Discrimination Information

Date and Time of Alleged Discrimination: _____

Location of Alleged Discrimination: _____

If the alleged discrimination occurred on a bus, please provide the route, direction of travel, and bus number (if available): _____

Explain the events that happened and why you believe you were discriminated against. Please include the names, titles and descriptions of the Community Transit employees involved, Witness and their contact information. For additional space, you may attach any written materials.

Section 3—Complaint Information

Have you previously filed a disability complaint with Community Transit? Yes No

Have you filed this complaint with other Federal, State or Local Agencies? Yes No

If YES, list the agency/agencies and contact information below:

Agency: _____ Contact Name: _____

Address: _____ City/State/Zip Code: _____

Contact Number: _____

Section 4—Signature

You may attach any written materials or other information relevant to your complaint.

Please sign and date.

Name _____ Date _____

Mail to: Community Transit
7100 Hardeson Road
Everett, Washington 98203
ATTN: Executive Department

OR Email to: ada@commtrans.org

Discrimination Based on Disability Process

Once a discrimination complaint is received by Community Transit, the Executive Department will review the complaint and the complainant will receive an acknowledgment letter informing them whether or not the complaint will be investigated by Community Transit.

Community Transit's goal is to resolve these complaints within 30 days. After the Executive Department reviews the complaint, one of two letters will be issued to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was no disability violation and that the case is closed. An LOF summarizes the allegations and provides an explanation of the corrective action taken. If the complainant wished to appeal the decision, they have 30 days after the date of the letter to do so.

The appeal should be submitted in writing stating the reason(s) for the appeal and should be submitted to Community Transit Attn: Executive Department 7100 Hardeson Road, Everett, WA 98203. Community Transit's CEO, or his/her designee, shall promptly consider the appeal. Consideration of the appeal will be based on the written appeal and accompanying documentation and with the discretion of the CEO or designee may include a meeting with the appealing party. Community Transit's CEO or designee shall within a reasonable time but not to exceed sixty (60) calendar days from receipt of the appeal by Community Transit, issue a written decision to the appealing party. The decision shall include an explanation of the reasons for the decision and any facts that were considered in rendering the decision. The decision by the CEO or designee shall constitute the final administrative determination by Community Transit.

A person may file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590