



The Americans with Disabilities Act of 1990 (ADA) provides that no individual with a disability shall, based on disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any METRO program, service or activity.

If you have a complaint under the ADA, complete this form and submit it to METRO, ADA Compliance Officer, 1900 Main Street, Houston, Texas 77002.

Date Complaint Received:		ADA Complaint Number:		
SECTION 1 – COMPLAINANT INFORMATION				
Name:				
Address:				
City:		State:		Zip Code:
Phone Number:		Email Address:		
Accessible Format Requirements?	Large Print	TDD	Audio Tape	Other
SECTION 2 – PRIMARY / THIRD PARTY INFORMATION				
Are you filing this complaint on your own behalf?				
YES ---- If you answered 'YES' to this question, proceed to Section 3				
NO ---- If you answered 'NO' to this question, answer the following questions:				
Please provide the name and relationship of the person for whom you are complaining:				
Name:		Relationship:		
Please provide an explanation for why you have filed the complaint for the aggrieved party:				
Have you obtained permission from the aggrieved party to file on their behalf? YES NO				
SECTION 3 – BASIS OF COMPLAINT				
Date of Alleged Discrimination (month, date, year):				
Location:		Time of Alleged Incident: a.m. p.m.		
Route No.:	Route Name:		Direction Travelling:	
Vehicle No.:		Block No.:		
In detail, explain what happened, why you believe there was discrimination against you and who was involved, including witnesses. If possible, provide contact information for all parties in your description. Use backside of this form if more space is needed to provide your answer.				



SECTION 4 – CONTACT INFORMATION FOR COMPLAINTS FILED ELSEWHERE					
Is this the first time you have filed an ADA complaint with METRO?		YES	NO		
Have you filed this complaint with any other federal, state or local agency or with any federal or state court?		YES	NO		
If you answered 'Yes' to the question above, check all that apply:					
Federal Agency	State Agency	Local Agency	Federal Court	State Court	
Please provide information below for a contact person at the agency or court where the complaint was filed:					
Name:		Name:			
Title:		Title:			
Agency:		Agency:			
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone Number:		Phone Number:			

Please attach any additional, relevant information to this complaint. Submit in person or mail the completed form to:

VISIT US IN PERSON:

Metropolitan Transit Authority of Harris County (METRO)
 Human Resources Department
 Attention: Karen Kauffman, Chief Human Resources Officer
 ADA Compliance Officer
 Lee P. Brown METRO Administration Building
 1900 Main Street
 Houston, Texas 77002

MAILING ADDRESS:

Metropolitan Transit Authority of Harris County (METRO)
 Human Resources Department
 Attention: Karen Kauffman, Chief Human Resources Officer
 ADA Compliance Officer
 P.O. Box 61429
 Houston, Texas 772018-1429

 Complainant Signature Date

FOR OFFICE USE ONLY			
Complaint Assigned and Routed on:		Complaint Assigned to:	
Disposition Letter Sent to Complainant on:	METRO will investigate?	YES	NO
Final Communication of Finding Sent to Complainant on:			