



ADA Complaint Form

Passed by Congress in 1990, the Americans with Disabilities Act (ADA) is the nation's first comprehensive civil rights law addressing the needs of people with disabilities, prohibiting discrimination in employment, public services, public accommodations, and telecommunications.

The Americans with Disabilities Act (ADA) is an important federal law that addresses the rights of persons with disabilities in employment and transportation. The transportation provisions are important in increasing the independence of persons with disabilities by improving their mobility. COTA complies with the ADA, Department of Justice and the Federal Transit Administration and requires that all employees do so as well.

Please provide the following information necessary in order to process your complaint. Assistance is available upon request.

Complete this form and mail or deliver to:

Central Ohio Transit Authority
Customer Service, Attn: ADA Coordinator
33 North High Street
Columbus, Ohio 43215

Complaints may also be taken at (614) 228-1776, 6 a.m. - 8 p.m. Monday-Friday, and 8 a.m. - 6 p.m. Saturday-Sunday. You can also email our office at Requests@cota.com.

1. Complainant's Name: _____

Address: _____

Telephone No. (Home): _____ (Business): _____

Email: _____

2. Best method to contact you:

- Mail
- Phone
- Email

3. Accessible format requirements:

- Large Print
- Not Applicable
- Other: _____

4. Are you filing this complaint on your own behalf?

- Yes
- No

If no, please answer questions 5 and 6 below.

5. Name, address and relationship of the person for whom you are complaining:

Name: _____

Address: _____

Relationship: _____

6. Please explain why you have filed for another person: _____

7. Have you previously filed an ADA complaint with COTA?

- Yes
- No

8. Date of incident when alleged discrimination occurred: _____

9. Describe how you were discriminated against. What happened and who was responsible? Please provide the location of the incident, bus number and line. For additional space, attach additional sheets of paper or use back of the form.

10. Witnesses? Please provide their contact information.

Witness 1: Name: _____
Address: _____
Telephone No. (Home): _____ (Business): _____

Witness 2: Name: _____
Address: _____
Telephone No. (Home): _____ (Business): _____

Witness 3: Name: _____
Address: _____
Telephone No. (Home): _____ (Business): _____

11. Have you filed this complaint with another federal, state, or local agency?

- Yes
- No

12. If yes, please indicate where the complaint was filed and the contact information for the agency you filed the complaint with: _____

Name of Agency: _____

Address: _____

Telephone No. (Home): _____ (Business): _____

Date Filed: _____

Sign the complaint in space below. Attach any documents you believe support your complaint.

Complainant's Signature

Date

Complainant's Printed Name