

CITY UTILITES TRANSIT ADA COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with CU Transit, if you or your group feels the actions of CU Transit has negatively impacted or caused undue burden to disabled individuals. 49 CFR 37.17 Adoption of complaint procedures that incorporate appropriate due process standards and provide for the prompt and equitable resolution of complaints alleging any action prohibited by 49 CFR Parts 27, 37, 38, and 39. CU Transit will promptly communicate its response to the complaint allegations, including our reasons for the response, to the complainant.

You are not required to use this online form to submit your complaint; a written letter is sufficient as long as you follow the ADA complaint process.

1. * State your name and address.

Name: _____

Address: _____

City/State: _____ Zip _____

Email Address: _____

Phone Number: (____) _____

2. * ADA Complaint Description

Please describe how, when, where, and why you believe you were discriminated against. Include the location, names, and contact information of any witnesses.

Please mail the completed ADA Complaint Form (please make one copy for your records) to:

**City Utilities of Springfield
Director of Transit
1505 N. Boonville Ave.
Springfield, MO 65803
417-831-8784 (phone)
417-831-8803 (fax)**