VISALIA TRANSIT

OFFICE USE ONLY - COMPLAINT FOLLOW UP

DATE RECEIVED: _____ Follow Up: Call Date / Time / Contact made? Y or N:

COMPLAINT # : _____ 1st Call: _____ /_____ / _____

REVIEWED BY: _____ 2nd Call: _____ /_____ / _____

3rd Call: _____ /_____ /_____

COMMENT / COMPLIMENT / COMPLAINT

STEP 1

☐ MR. ☐ MRS.	PHONE NUMBER / E-MAIL :
NAME:	
ADDRESS:	CITY: STATE: ZIP CODE:
LOCATION OF INCIDENT:	
DATE OF INCIDENT:	TIME: ROUTE #: BUS # :
NAME/DESCRIPTION OF PERSON(S) INVOLVED:	

↓ PLEASE CHECK APPROPRIATE BOX ↓

☐ GENERAL COMMENT/ COMPLIMENT/ COMPLAINT → SKIP TO SECTION 1

☐ TITLE VI-DISCRIMINATION AGAINST RACE, COLOR, NATIONAL ORIGIN → SKIP TO SECTION 2

☐ ADA-AMERICANS WITH DISABILITIES ACT COMPLAINT- SKIP TO SECTION 3 → SKIP TO BACK PAGE

STEP 2

SECTION 1-GENERAL COMMENT/ COMPLIMENT/ COMPLAINT:

HELP US UNDERSTAND THE NATURE OF YOUR COMMENT/ COMPLIMENT/ COMPLAINT:

SECTION 2 - TITLE VI COMPLAINT-DISCRIMINATION AGAINST RACE, COLOR, NATIONAL ORIGIN

DID YOU FILE THIS COMPLAINT WITH ANOTHER FEDERAL, STATE, OR LOCAL AGENCY? ☐ NO ☐ YES, SELECT ALL THAT APPLY:

☐ FEDERAL AGENCY ☐ STATE AGENCY ☐ LOCAL AGENCY ☐ FEDERAL COURT ☐ STATE COURT

PLEASE PROVIDE THE CONTACT INFORMATION OF THE COURT OR AGENCY WHERE YOU FILED THE COMPLAINT:

I believe the discrimination I experienced was based on: (Please check all that apply) ☐ RACE ☐ COLOR ☐ NATIONAL ORIGIN

HELP US UNDERSTAND THE NATURE OF YOUR COMPLAINT:

SECTION 3-ADA (AMERICANS WITH DISABILITIES) COMPLAINT

→ **In cases where the complainant is unable or incapable of providing a written statement, if necessary, the City of Visalia will assist the person in converting verbal complaints to writing and will interview the complainant. The complainant or his/her representative will sign all complaints.**

→ ***Title II of the Americans with Disabilities Act of 1990 Title II-Public Services, section 202: discrimination states:***

> Subject to the provisions of this title, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.

→***The law sets forth specific requirements for vehicle and facility accessibility and the provision of service, including complimentary paratransit service.***

PERSON FILING THE COMPLAINT:

☐ **SAME AS COMPLAINANT**

FIRST / LAST NAME:	**PHONE NUMBER / E-MAIL:**

HELP US UNDERSTAND THE NATURE OF YOUR COMPLAINT:

STEP 3

PLEASE SIGN BELOW (ATTACH ANY DOCUMENTS THAT PERTAIN TO THIS INCIDENT)

SIGNATURE : **DATE:**

**** OPTIONAL - DO YOU HAVE A SUGGESTION AS TO HOW TO BEST CORRECT THE VIOLATION?**
(ANY SUGGESTION(S) WILL BE APPRECIATED)

A complaint must be filed within one-hundred and eighty (180) days after the incident.

RETURN TO:
CITY OF VISALIA
TRANSIT DIVISION
425 E OAK AVENUE, STE 301
VISALIA, CA 93291

OFFICE USE ONLY - VISALIA TRANSIT

DATE RECEIVED:

COMPLAINT # :

DATE EMAILED:

RECEIVED BY:

DATE LOGGED: