Roseville Transit ADA Complaint Form

Please complete this form and mail, email transportation@roseville.ca.us, or deliver in person to Roseville Transit, Alternative Transportation office at 316 Vernon Street, Suite 150, Roseville, CA 95678.

Section 1			
Name (Complainant):	Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐		
Mailing Address:		Apt.:	
City:	State:	Zip:	
Phone:	E-mail:		

Section 2	
Are you filing out this form on your own behalf? Yes ☐ No ☐	
If you answered "No", please supply your name and relationship to the person listed in Section 1.	Name: _____ Relationship: _____
Please explain why you are filing an incident form on their behalf.	
Have you obtained permission to file this form on their behalf? Yes ☐ No ☐	

Section 3			
Type of service: Commuter ☐ Arrow ☐ Local ☐ Phone ☐ Other ☐ _____			
Date of alleged incident (month/day/year):	Time:		
Staff:	Route:	Bus #:	
Boarding location:	Destination location:		

Describe the situation you would like to report. Use additional paper if necessary.

_____

_____

_____

Please list any person(s) we may contact for additional information:

Name:	Address:	Phone:

Section 4
Have you previously filed a **ADA Paratransit** complaint with Roseville Transit? Yes ☐ No ☐
Did you file this complaint with another federal, state or local agency; or with a federal or state court? Yes ☐ No ☐
Which agency: _____ Date filed: _____

Section 5
I declare under penalty of perjury under the laws of the State of California that the information I have provided is true and correct to the best of my knowledge.
_____ Signature _____ Date of filing

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