



Civil Rights Complaint Form

If you believe you have been discriminated against by a transit provider, you may file an administrative complaint with the FTA Office of Civil Rights using this Civil Rights Complaint Form. Please complete this form, including your signature and date on page 16. The completed complaint form should be emailed to FTACivilRightsCommunications@dot.gov with “FTA complaint form” included in the subject line.

Alternatively, completed complaint forms may be mailed to:

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Within your form, please include:

- A summary of your allegations and any supporting documentation.
- Sufficient details for an investigator to understand why you believe a public transit provider has violated your rights, with specifics such as dates and times of incidents.
- Any related correspondence from your transit provider.
- If you require additional space, there are six blank pages at the end of this form

If you have questions on how to prepare a complaint, please contact our toll-free civil rights hotline at (888) 446-4511.

Section I – Basis of Complaint

Please tell us why you are filing this complaint.

Q1 I believe that I have been (or someone else has been) discriminated against on the basis of: *(Select all that apply)*

Disability

Race / Color / National Origin

Other (e.g., religion, sex, age)

Other *(Specify the type of discrimination you believe occurred.)*

Q2 I believe that a transit agency has failed to comply with the following program requirements: *(Select all that apply)*

Americans with Disabilities Act (ADA)

Title VI of the Civil Rights Act of 1964 (Title VI)

Disadvantaged Business Enterprise (DBE)

External Equal Employment Opportunity (EEO)

Other

Other *(Specify)*

Q3 If you selected Americans with Disabilities Act (ADA) above, specify the type of complaint you are filing, otherwise skip to Q4. (Select all that apply)

- Paratransit Eligibility (was denied full paratransit eligibility or recertification of eligibility)
- Paratransit On-Time Performance (experienced untimely pickups, missed trips, trip denials, lengthy trips, etc.)
- Other

Other (Specify)

Q4 Clearly explain what happened and why you believe you were discriminated against. Include specific details such as names, dates, times, route numbers, locations, and any other relevant information that would assist us in understanding and investigating your allegations.

Q5 Attach any documentation that is relevant to this complaint, including any related correspondence from your local transit agency.

Section II – Paratransit Eligibility Complaint

Complete this section if you selected Paratransit Eligibility in Q3. Otherwise skip to Section III.

FTA does not investigate individual paratransit eligibility determinations or provide or accept appeals of local determinations. DOT ADA regulations specify who is to be determined ADA paratransit eligible. Transit agencies, with input from the communities they serve, develop their specifics of their own eligibility processes. Disability alone does not determine paratransit eligibility. Paratransit eligibility is based on an applicant's functional ability to use fixed route service and is not a medical decision.

FTA may investigate allegations of noncompliance with ADA regulations regarding the transit agency's overall eligibility determination process. This may include deficiencies related to written notification of eligibility decisions, an opportunity for an appeal, and provision of transportation if there is no decision within 30 days of completing the local appeal.

If your complaint involves a paratransit eligibility, you will be asked to submit a copy of the transit agency's initial decision letter and a copy of the appeal decision upholding the denial (or grant of conditional or temporary eligibility) to FTA. An investigator needs these details, and any relevant communications from your transit agency, to substantiate process deficiencies that may have impacted your eligibility decision.

Q6 Your local transit agency:

- Denied your initial request for paratransit eligibility
- Denied your recertification request for paratransit eligibility
- Granted you less than full eligibility (e.g., conditional, trip-by-trip or temporary)

Q7 Did you appeal your local transit agency's decision?

- Yes
- No

Q8 Date you filed your appeal to your local transit agency.

Q9 Describe the conditions that you feel are preventing your use of fixed route service and why you believe the local transit agency made the wrong eligibility decision in your case.

Q10 Attach a copy of your local transit agency's initial decision letter.

Q11 Attach a copy of your local transit agency's appeal decision letter.

Q12 Attach a copy of any relevant communications from your local transit agency to substantiate that you pursued the local transit agency's appeal process.

Section III – Paratransit On-Time Performance Complaint

Complete this section if you selected Paratransit On-Time Performance in Q3. Otherwise skip to Section IV.

DOT ADA regulations prohibit transit agencies from limiting ADA complementary paratransit service to eligible individuals by means of a “pattern or practice” — or a substantial number — of untimely pickups, trip denials, lengthy trips, and other operational practices. A “pattern or practice” involves regular, or repeated actions, not isolated, accidental, or singular incidents. A missed trip, late arrival, or trip denial now and then does not constitute a violation of ADA regulations. Also, operational problems that the transit agency could not have anticipated when the trip was scheduled do not count as part of a pattern or practice.

For this reason, FTA recommends that riders experiencing service issues keep a detailed log of their trips for at least 30 days, or longer if they ride the service infrequently. Include details about your trip issues such as dates, times, paratransit pickup windows, whether your trips were booked by pickup or appointment time, etc. An investigator needs these details to investigate your complaint.

Q13 Clearly explain what happened and why you believe you were discriminated against.

A large, empty rectangular box with a black border, intended for the respondent to provide a detailed explanation of the incident and their perception of discrimination.

Q14 Include specific details such as dates, times, and any other relevant information that would assist us in our investigation of your allegations.

Date	Scheduled Pickup Time	Actual Pickup Time	Include details such as names, trip lengths, pickup and drop-off locations, and an explanation of what occurred on this date and time, and any other relevant information.

Q15 Attach any documentation that is relevant to this complaint, including any related correspondence from your local transit agency.

Section IV – Contact Information

Q16 Please provide your contact information in the event that we need to reach you during our investigation.

Full Name:	<input type="text"/>
Street Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Home Phone:	<input type="text"/>
Cell/Mobile Phone:	<input type="text"/>
Email Address:	<input type="text"/>

Q17 Check below if you have accessible format requirements: (Select all that apply)

Large Print

Other

Other (Specify your accessible format requirements.)

Section V – Additional Complaint Details

Please tell us if you are filing this complaint for yourself or for someone else.

Q18 Are you filing this complaint on your own behalf?

Yes (*Skip to Section VI*)

No

Q19 Supply the name of the person for whom you are filing this complaint and your relationship to them.

Q20 Have you obtained the permission of the aggrieved person to file this complaint on their behalf?

Yes

No

Q21 Explanation for not having permission.

Section VI – Transit Agency Information

Please provide the following information for your local transit agency.

Q22 What is the name of the local transit agency this complaint is against?

Q23 FTA encourages riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue. The ADA and Title VI require transit agencies to have a process for promptly investigating and responding to customer complaints.

Have you filed this current complaint with your local transit agency or another agency? (Select all that apply)

- Local Transit Agency
- Department of Justice
- Other
- No, I have not filed any other complaints (*Skip to Section VII*)

Other (Specify the “Other” agency with which you filed a complaint.)

Local Transit Agency Filing

Q24 Tell us the date you filed this complaint with your local transit agency.

Q25 Tell us how you filed the complaint and to whom the complaint was directed at your local transit agency.

Describe the response you received to your complaint from the local transit agency. Include the date of the response and attach a copy of any written response you received to your complaint.

Q26 Date of Response.

Q27 Description of Response.

Q28 Attach copy of Response, if provided.

Legal Proceedings

Q29 Have you filed a lawsuit regarding this complaint?

- Yes
- No (*Skip to Section VII*)

Q30 Date you filed the lawsuit.

Q31 Court and case number.

Q32 Attach a copy of any case-related materials.

Section VII – Permission to Release your Identity and Complaint

We need your consent to disclose your name, if necessary, in the course of any investigation. We need your permission and signature to move forward with your complaint.

Q33 FTA may be unable to investigate your allegations without permission to release our identity and complaint.

May we release your identity and a copy of your complaint to the transit agency?

Yes

No

Q34 I hereby certify that the information provided in this form is complete, true and correct to the best of my knowledge.

I Certify

Signature.

(Note: If you are unable to sign this form, please type in your name.)

Today's date.

Extra space – Provide Question Number along with your response.

Question Number

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