



ADA COMPLAINT FORM

Version: 1
Effective: 03/2017

Mail to: RGRTA
Legal Affairs Department

1372 East Main Street
Rochester NY 14609

**If assistance is needed in another language, please call 585.288.1700.
Si necesita información en otro idioma, por favor llame al 585-288-1700.**

Section 1

Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work): _____

Electronic Mail Address: _____

Accessible Format Requirements? Large Print Audio Tape
 TDD Other _____

Section 2

Are you filing this complaint on your own behalf? Yes No

If you answer YES, go to Section 3.

If you answer NO, complete Section 2.

Supply the name of the third party and your relationship to the third party.

Name: _____ Relationship: _____

Why you are filing a complaint for a third party? _____

Did you obtain the permission of the aggrieved party to file on his/her behalf? Yes No



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Section 4

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal agency or State court? Yes No

If you answer YES, check all that apply:

Federal Court State Agency State Court Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Signature and Date Required Below

Signature: _____ Date: _____

Please submit this form in person at the address below, or mail this form to

RGRTA Legal Affairs Department
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Rochester NY 14609