

# Kings County Area Public Transit Agency ADA Complaint Form

## Section I

Name	
Address	
Telephone (Home/Cell)	
Telephone (Work)	
E-mail	
Do you require an accessible format? (please circle format if other please explain)	Large Print    TTY/TDD    Audio Tape  Other: _____

## Section II

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

If you answered “yes” to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are filing:

Name	
Relationship	

## Section III

If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.

Date of alleged discrimination	
Time of alleged discrimination	
Transit Route	
Vehicle ID Number	
Location	
Name(s) of employee(s) involved	

Explain as clearly as possible what happened and why you believe you were discriminated against.

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**Section IV**

Have you ever filed an ADA Complaint with KCAPTA? Yes No

Contact Name	
Telephone Number	

Please provide contact information for the person you spoke to at the above agency:

Name	
Title	
Agency	
Address	
Telephone	

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

KCAPTA ADA Complaints  
610 W. 7<sup>th</sup> Street  
Hanford, CA 93230

You may also email the form to: [jami.holloway@co.kings.ca.us](mailto:jami.holloway@co.kings.ca.us)