



Americans with Disabilities Act Complaint Form

Memphis Area Transit Authority is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by title II of the Americans with Disabilities Act of 1990 (“ADA”). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact the Memphis Area Transit Authority Customer Service Center at (901) 522-7195 or ridersfirst@matatransit.com. The completed form must be returned to the Compliance Officer, Memphis Area Transit Authority, 1370 Levee Road, Memphis, TN 38108.

Complainant:	Phone:
	Email:
Street Address:	Alternate Phone:
	City, State, Zip Code:
Person Preparing Complaint (if different from Complainant):	
Street Address, City, State, Zip Code:	

Date of Incident: _____

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of Memphis Area Transit Authority employees involved, if available.



Description of incident continued:

Multiple horizontal lines for text entry.

Have you filed a complaint with any other federal, state, or local agencies regarding the same issue, concern, or complaint? Yes/No (Circle One). If so, list Authority/agencies and contact information below:

Form with two rows of input fields for Agency, Contact Name, Street Address, City, State, Zip Code, and Phone.

I affirm that I have read the above claim/allegation and that it is correct to the best of my knowledge, information, and belief.

Signature and Date lines, and a line for the complainant's name.

Internal Use Only box with Date Received and Received By fields.