



TRANSIT ADA DISCRIMINATION COMPLAINT FORM

Please print this form and complete, sign and have it notarized prior to mailing. Incomplete, unsigned, non-notarized forms will be returned.

I. COMPLAINANT INFORMATION:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Is this complaint relative to:

- Public Accommodation
- Services

II. IS YOUR COMPLAINT RELATED TO:

- Sun Tran
- Sun Van
- Sun Link
- Sun Shuttle
- Sun Shuttle Dial-A-Ride
- Sun Shuttle Dial-A-Ride (Oro Valley)

III. DESCRIBE HOW YOU WERE DISCRIMINATED AGAINST:

Beginning with the most recent incident, please list events in reverse chronological order by date of occurrence. Be specific. Attach additional pages, if necessary.





TRANSIT ADA DISCRIMINATION COMPLAINT

IV. WITNESSES:

A. Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

B. Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

C. Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

V. WHAT WOULD YOU CONSIDER AN APPROPRIATE RESOLUTION TO YOUR COMPLAINT?

VI. HAVE YOU FILED THIS COMPLAINT WITH ANOTHER AGENCY?

Yes No

If yes, please list which agencies _____

VII. OATH OF AFFIRMATION:

I affirm that the information I have provided in this complaint and attachments is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return the completed complaint form with documentation relating to this complaint to:

Sun Tran

Customer Service Director

3920 N. Sun Tran Blvd.

Tucson, Arizona 85705