



# ADA COMPLAINT FORM

PLEASE PRINT FORM, COMPLETE AND MAIL TO

NICE Bus

Atten: Latoya Pippins

700 Commercial Ave

Garden City, NY 11530

If you require assistance in filling out the form, please call 516.296.4157

Instructions: Please complete form. Fields marked with an asterisk (\*) are required.

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\*Phone Number (with area code): \_\_\_\_\_

\*Preferred Contact Method (select one):  Phone  E-Mail  US Mail

Accessible Format Requirements:  Large Print  TDD  Audio

Other: \_\_\_\_\_

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

If not, please provide the name of and your relationship to the person for whom you are filing the complaint:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## ADA COMPLAINT FORM

\*Date of alleged discrimination on the basis of disability: \_\_\_\_\_

\*Time of day: \_\_\_\_\_

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

Describe all persons who were involved. Include names and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. If more space is needed please attach additional sheets.

## ADA COMPLAINT FORM

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State

Court? \_\_\_ Yes \_\_\_ No

If yes, please specify the name of the agency or court where you have filed this complaint.

Name of agency or court: \_\_\_\_\_

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Note: You may attach any written materials or additional information you feel is relevant to your complaint.**

Please mail this completed ADA Complaint Form to the ADA Coordinator at the following address:

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Garden City, NY 11530