



Complaint Intake Form
Complaint No. _____

ADA/Title VI Complaint Intake Form

Name _____ Home # (____) _____

Address _____ Cell # (____) _____

City, State, Zip code _____

Name of person filling out this form if other than the complainant:

_____ Home # (____) _____

Signature _____ Date _____

Type of Complaint: (Check appropriate category): ADA ____ TITLE VI DISCRIMINATION:

Race _____
Color _____
National Origin _____

Date/Time/Location of Incident: _____

Name or description of individual the complaint is against: _____

Brief Description of Complaint: _____

Document No.: HTMMTSADA2022	Approved By: Transit Director
Revision No.: 0	Date: 02/09/2022



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Use an additional page if necessary:

Email to: hr@harbortransit.org

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