

**Yolo County Transportation District (YCTD)**  
**Americans with Disabilities Act (ADA) Complaint Form Page 1 of 2**

Please print clearly or type responses

**Section 1**

1. Name
2. Address
3. Phone Number: (     )     )
4. Email
5. Do you require information in an accessible format? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio (Audio tape/disc) <input type="checkbox"/> TDD <input type="checkbox"/> Braille <input type="checkbox"/> Other <i>specify:</i>

**Section 2**

6. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes* <input type="checkbox"/> No <b>*If you answered Yes please skip to Section 3.</b>
7. What is the name of the person for whom you are filing this complaint? Name:
8. What is your relationship with this person? Relationship:
9. Please explain why you have filed for a third party:
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf. <input type="checkbox"/> <b>I HAVE</b> obtained permission to file this complaint on behalf of the person named in Question 7a. <input type="checkbox"/> <b>I HAVE NOT</b> obtained permission to file this complaint on behalf of the person named in Question 7a.

**Section 3**

11. I believe the discrimination I experienced was based on ( <i>check all which apply</i> ) <input type="checkbox"/> Americans with Disabilities Act
12. Date of alleged discrimination ( <i>mm/dd/yyyy</i> )            ____ / ____ / _____
13. Please explain as clearly as possible what occurred and why you believe you were discriminated against. Describe all persons who were involved and provide contact information of the person(s) if available/known. Please also provide the names and contact information of any witnesses involved. If additional space is needed, please use the back of this form or attach pages as necessary.

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**Section 4**

14. Have you previously filed an ADA complaint with YCTD?  Yes  No

15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  
 Yes  No\* \*If No, please skip to Section 5.

15.a If Yes, Please indicate where you have filed this complaint:

Federal Agency specify: \_\_\_\_\_

State Agency specify: \_\_\_\_\_

Local Agency specify: \_\_\_\_\_

Federal Court specify: \_\_\_\_\_

State Court: specify: \_\_\_\_\_

15b. Please provide contact information for the agency and/or court where this complaint was filed.

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

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

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

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

Phone Number: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

**Section 5**

Please indicate who you are filing this complaint against:

YCTD     City of West Sacramento     City of Winters     Other agency and/or person  
 City of Davis     Woodland     Yolo County    specify: \_\_\_\_\_

**You may attach any written materials or other information which you believe is relevant to your complaint.**

**Signature and date are required below to complete the form.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Please submit this completed form in person or by mail to the address below:

Yolo County Transportation District ADA Coordinator  
350 Industrial Way  
Woodland, CA 95776