



MTD Use Only
Date Received: _____
Received By: _____

**Santa Barbara Metropolitan Transit District
Americans with Disabilities Act (ADA) &
Reasonable Modification Complaint Form**

The Santa Barbara Metropolitan Transit District (MTD) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services due to a disability or to the denial of a request for a reasonable modification. If you have a complaint about the accessibility of MTD's bus service or if you believe you have been discriminated against because of your disability, you can file a written complaint.

This completed complaint form must be returned to: Santa Barbara Metropolitan Transit District, Attn: ADA Coordinator, 550 Olive Street, Santa Barbara, CA 93101. If you require any assistance in completing this form, please contact the Manager of Human Resources at (805) 963-3364.

Date of alleged incident _____

Complainant

Your Name:	Phone:
Street Address:	City, State, & Zip Code:

Please describe the alleged incident. Explain what happened and whom you believe was responsible. Attach an additional sheet of paper if necessary.

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Complainant's Signature

Date:

Print or Type Name of Complainant