

GO Transit

ADA Complaint Form

The **American's with Disabilities Act (ADA)** protects individuals with disabilities in relation to any services, programs, activities, and employment. If you believe you have been subjected to discrimination in transit services or employment under the ADA, you may file a complaint with this form. Please contact **GO Transit** by calling (920) 232-5340 with any additional questions.

Please send completed form to:

GO Transit – Attn: ADA Complaints
926 Dempsey Trail
Oshkosh, WI 54902
transit@ci.oshkosh.wi.us (email)
920-232-5343 (fax)

Please print clearly:

Name: _____

Address: _____

City, State, Zip: _____

Phone # _____ Email: _____

Person discriminated against (if different): _____

Address (if different): _____

City, State, Zip (if different): _____

Please indicate why you believe the alleged discrimination occurred (circle all that apply):

Mobility Impairment

Cognitive Impairment

Learning Disability

Mental Health Issue

Vision Impairment

Hearing Impairment

Speech Impairment

Medical Issues

Other: _____

Date of the alleged discrimination: _____

Where did the alleged discrimination take place? _____

Please describe alleged incident. Provide the names of all Go Transit employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.
