

## Lawrence Transit ADA Complaint Form

Lawrence Transit is committed to providing safe and reliable transportation to all people without discrimination based on disability.

The purpose of this form is to assist you in filing a complaint with Lawrence Transit. You are not required to use this form; a letter, email or phone call containing the same information will be sufficient.

If you need assistance in completing this form, please call Lawrence Transit System customer service at (785) 864-4644.

### 1. Name and address of complainant:

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number:

Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

### 2. Person discriminated against (if someone other than complainant):

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number:

Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Please explain your relationship to this person(s):

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**3. On what date(s) did the alleged discrimination take place?**

Date(s):

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**5. Please describe the complaint in detail.** Explain as clearly as possible what happened and why you believe you were discriminated against. Provide the names and titles of all transit employees involved, if possible. Explain what happened and whom you believe to be responsible. Please include how other persons were treated differently from you. Please provide the route, vehicle number, time of day and direction of travel, if you have them, as they can be very helpful during an investigation. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case).

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**6. Do you have any other information that you think is relevant to the investigation of your allegations?**

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**7. Have you (or the person discriminated against) filed the same or any other complaints with other agencies such as the Federal Transit Administration or KDOT Office of Civil rights, etc.?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If so, list agency / agencies and contact information below:

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

Contact name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Date of filing: \_\_\_\_\_ Agency: \_\_\_\_\_

Briefly, what was the complaint about?

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What was the result?

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**8. I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief: Please sign and date this complaint form below.**

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(Signature)

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(Date)

Please feel free to add additional sheets to explain the present situation to us.

You may submit this form in person at the address below, or mail, or email this form to: [info@lawrencetransit.org](mailto:info@lawrencetransit.org).

Lawrence Transit  
Attn: ADA Complaint  
PO Box 708  
933 New Hampshire Street  
Lawrence KS 66044  
Phone: (785) 864-4644