



a service of the Calaveras Transit Agency

Calaveras Connect ADA Complaint Form				
<b>Section I: Contact Information</b>				
Name:				
Street Address:				
City State, Zip code:				
Phone:		Email:		
Accessible Format Requirements:	Large Print	TDD/Relay	Audio Recording	Other
If other is selected, explain:				
<b>Section II: Complaint Details</b>				
Date of occurrence:				
Time of occurrence:				
Name/ID of employee(s) or other involved:				
Vehicle ID/Route name:				
Direction of travel:				
Location of incident:				
Mobility aid used (if any):				
If above information is unknown, please provide other descriptive information to help identify the employee:				
Description of incident (attach multiple pages, if necessary):				
<b>Section III: Follow Up</b>				
May we contact you if we need more details or information?			Yes	No
What is the best way to reach you?		Phone	Email	Mail
If a phone call is preferred, what is the best day and time to reach you?				
<b>Section IV: Desired Response (choose one)</b>				
Email response				
Telephone response				
response by US Postal Mail				