



## ADA COMPLAINT FORM

Citrus Connection works to ensure nondiscriminatory transportation in providing public transportation for all Lakeland area citizens. Citrus Connection's is responsible for Civil Rights Compliance and Monitoring to ensure non-discriminatory provision of transit services and programs.

**Complaint No.**

<b>Name:</b>	
<b>Home Number:</b>	
<b>Work Number:</b>	
<b>Email Address:</b>	
<b>Address:</b>	
<b>City:</b>	<b>Zip Code:</b>
<b>Location where incident occurred:</b>	
<b>Time and date of incident:</b>	
<b>Name/Position title of the person who allegedly subjected you to discrimination:</b>	

**Briefly describe the incident (use a separate sheet, if necessary):**

**Did anyone else witness the incident? Yes  No**

**Please List witnesses (Use a separate sheet, if necessary)**

**Name:**

**Address:**

**Phone number:**

**Name:**

**Address:**

**Phone number:**

**Have you filed a complaint about this incident with the Federal Transit Administration? Yes  No**

**If Yes, when?**

**AFFIRMATION**

I hereby swear/affirm that the information that I have provided in this ADA Complaint Form is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
*Your signature*

\_\_\_\_\_  
*Today's Date*

**ACTION TAKEN**

**(To be completed by Director of Regional Mobility Call Center)**

<b>Received on:</b>
<b>Accepted for formal investigation on:</b>
<b>Referred to another department on:</b>
<b>If rejected, because:</b>

\_\_\_\_\_  
*Director of Regional Mobility Call Center*

\_\_\_\_\_  
*Today's Date*

**Mailing Address:**

Marcia Roberson  
Director of Regional Mobility Call Center  
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