



Department of Public Works and Transportation
Office of Transportation
9400 Peppercorn Place | Suite 310
Largo, MD 20774
301-883-5600

Americans Disabilities Act (ADA)

Complaint Form

Complaint Information

Full Name:

Street Address:

City, State, Zip:

Phone Number:

Incident Information

Date of Incident:

Time of Incident:

Location:

Transit Involved: TheBus Call-A-Cab PGC Link Call-A-Bus

Description of the Complaint

What happened:

What disability-related accommodation was requested?

How the response denied access or was discriminatory?

[Redacted area]

Names of employees involved (if known)?

[Redacted area]

Name of witnesses?

[Redacted area]

Requested Resolution

What action are you seeking?

[Redacted area]

Prior Action

Have you discussed this matter with any County staff?

Yes

No

If yes, who and when?

[Redacted area]

What was the response?

[Redacted area]

Signature Section

I certify that the information provided is true and correct to the best of my knowledge.

Signature

Date

Check one:

Complainant

Representative

Submission Instructions

Mail the signed document or hand deliver it to the appropriate ADA manager. Please allow 15 days for staff to investigate the alleged incident.

Attn: ADA Compliance Manager
Department of Public Works and Transportation
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