



OFFICE USE ONLY - COMPLAINT FOLLOW UP	
DATE RECEIVED: _____	Follow Up: Call Date / Time / Contact made? Y or N:
COMPLAINT # : _____	1st Call: _____ / _____ / _____
REVIEWED BY: _____	2nd Call: _____ / _____ / _____
	3rd Call: _____ / _____ / _____

## COMMENT / COMPLIMENT / COMPLAINT

### STEP 1

<input type="checkbox"/> MR. <input type="checkbox"/> MRS.	PHONE NUMBER / E-MAIL :		
ADDRESS:	CITY:	STATE:	ZIP CODE:
LOCATION OF INCIDENT:			
DATE OF INCIDENT:	TIME:	ROUTE #:	BUS # :
NAME/DESCRIPTION OF PERSON(S) INVOLVED:			
↓ PLEASE CHECK APPROPRIATE BOX ↓			
<input type="checkbox"/> GENERAL COMMENT/ COMPLIMENT/ COMPLAINT → SKIP TO SECTION 1			
<input type="checkbox"/> TITLE VI-DISCRIMINATION AGAINST RACE, COLOR, ORIGIN, SEX, ETC. → SKIP TO SECTION 2			
<input type="checkbox"/> ADA-AMERICANS WITH DISABILITIES ACT COMPLAINT- SKIP TO SECTION 3 → SKIP TO BACK PAGE			

### STEP 2

**SECTION 1-GENERAL COMMENT/ COMPLIMENT/ COMPLAINT:**

**HELP US UNDERSTAND THE NATURE OF YOUR COMMENT/ COMPLIMENT/ COMPLAINT:**


**SECTION 2 - TITLE VI COMPLAINT-DISCRIMINATION AGAINST RACE, COLOR, ORIGIN, SEX, ETC.**

**DID YOU FILE THIS COMPLAINT WITH ANOTHER FEDERAL, STATE, OR LOCAL AGENCY?  NO  YES, SELECT ALL THAT APPLY:**

FEDERAL AGENCY    STATE AGENCY    LOCAL AGENCY    FEDERAL COURT    STATE COURT

**PLEASE PROVIDE THE CONTACT INFORMATION OF THE COURT OR AGENCY WHERE YOU FILED THE COMPLAINT:**

**HELP US UNDERSTAND THE NATURE OF YOUR COMPLAINT:**


**SECTION 3-ADA (AMERICANS WITH DISABILITIES) COMPLAINT**

→ In cases where the complainant is unable or incapable of providing a written statement, if necessary, the City of Visalia will assist the person in converting verbal complaints to writing and will interview the complainant. The complainant or his/her representative will sign all complaints.

→ *Title II of the Americans with Disabilities Act of 1990 Title II-Public Services, section 202: discrimination states:*

Subject to the provisions of this title, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.

→ *The law sets forth specific requirements for vehicle and facility accessibility and the provision of service, including complimentary paratransit service.*

**PERSON FILING THE COMPLAINT:**

SAME AS COMPLAINANT

FIRST / LAST NAME:

PHONE NUMBER / E-MAIL:

**HELP US UNDERSTAND THE NATURE OF YOUR COMPLAINT:**

Multiple empty lines for describing the nature of the complaint.

**STEP 3**

**PLEASE SIGN BELOW ( ATTACH ANY DOCUMENTS THAT PERTAIN TO THIS INCIDENT)**

SIGNATURE :

DATE:

**\*\* OPTIONAL - DO YOU HAVE A SUGGESTION AS TO HOW TO BEST CORRECT THE VIOLATION?**

**(ANY SUGGESTION(S) WILL BE APPRECIATED)**

Multiple empty lines for providing suggestions on how to correct the violation.

*A complaint must be filed within one-hundred and eighty (180) days after the incident.*

RETURN TO:  
CITY OF VISALIA  
TRANSIT DIVISION  
425 E OAK AVENUE., STE 301  
VISALIA, CA 93291

**OFFICE USE ONLY - VISALIA TRANSIT**  
DATE RECEIVED: \_\_\_\_\_  
COMPLAINT # : \_\_\_\_\_  
EMAILED: \_\_\_\_\_  
REVIEWED BY: \_\_\_\_\_