



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

**PART 1**

NAME:	DATE:	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	→ SKIPTOSECTION 1 (PAGE 1)
<input type="checkbox"/> TITLE VI-DISCRIMINATION AGAINST RACE, COLOR, ORIGIN, SEX, ETC.	→ SKIPTOSECTION 2 (PAGE 2)
<input type="checkbox"/> ADA-AMERICANS WITH DISABILITIES ACT COMPLAINT- SKIP TO SECTION 3	→ SKIP TO SECTION 3 (PAGE 3)

**PART 2**

SECTION 1 - GENERAL COMMENT/COMPLIMENT/COMPLAINT:
HELP US UNDERSTAND THE NATURE OF YOUR COMMENT/COMPLIMENT/COMPLAINT:

→ SKIP TO PART 3



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

- In cases where the complainant is unable or incapable of providing a written statement, if necessary, the staff at Merced The Bus 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:**

→ SKIP TO PART 3

**PART 3**

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ANY SUGGESTION(S) ARE APPRECIATED:


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

PLEASE SUBMIT THIS FORM IN PERSON, E-MAIL, OR MAIL THIS FORM TO THE ADDRESS BELOW:

TRANSIT JOINT POWERS AUTHORITY FOR MERCED COUNTY  
 ATTN: TRANSIT MANAGER  
 357 W. 18<sup>TH</sup> STREET  
 MERCED, CA 95340  
[Customerservice@mercedthebus.com](mailto:Customerservice@mercedthebus.com)

FEDERAL TRANSIT ADMINISTRATION  
 OFFICE OF CIVIL RIGHTS  
 1200 NEW JERSEY AVENUE SE  
 WASHINGTON, DC 20590

<u>OFFICE USE ONLY - TJPAMC</u>
DATE RECEIVED: _____
COMPLAINT #: _____
EMAILED: _____
REVIEWED BY: _____