

Milwaukee County Transit System ADA Discrimination Complaint Form

Any person who believes he/she has been subjected to discrimination in the delivery of or access to public transportation services on the basis of disability may file a complaint with Milwaukee County Transit System (MCTS). Such complaint must be filed with MCTS no later than 180 days after the alleged discrimination.

SECTION I: TYPE OF COMMENT (Circle One)				
Compliment / Suggestion / Complaint / Other: _____				ADA Related? Y / N
SECTION II: CONTACT INFORMATION				
Salutation [Mr./Mrs./Ms., etc.]:			Rider ID (if applicable):	
Name:				
Street Address:				
City, State, ZIP Code:				
Phone:			Email:	
Accessible Format Requirements:	Large Print__	TDD/Relay__	Audio Recording__	Other_____
SECTION III: COMMENT DETAILS				
Transit Service (Circle One): Bus / Paratransit / Other_____				
Date of Occurrence:		Time of Occurrence:		Mobility Aid Used (if any):
Name/ID of Employee(s) or Others Involved:			Vehicle ID/Route Name or Number:	
Location of Incident:			Direction of Travel:	
If above information is unknown, please provide other descriptive information to help identify the employee:				
Description of Incident or Message:				
SECTION IV: FOLLOW UP				
May we contact you if we need more details or information: Y / N				
Best way to reach you? (Circle One): Phone / Email / Mail				
If phone call is preferred, what is the best day and time to reach you?				
Signature:			Date:	

Mail or Email comments and/or complaints to:

ADA Comments and Complaints, 1942 North 17th Street, Milwaukee, WI 53205
 (414) 343-1700, ADAComments@MCTS.org