



ADA Complaint Form

ECRider is committed to providing equal access to all services, programs, and activities, without discrimination based on disability, in compliance with the Americans with Disabilities Act (ADA) of 1990.

If you believe you have been denied access or experienced discrimination due to a disability as defined by the ADA, you are encouraged to file a complaint. To support a thorough and timely investigation, please include all relevant details, facts, and circumstances related to the issue or accessibility concern.

ECRider will respond within 30 days and will take reasonable steps to protect any sensitive information.

I. COMPLAINANT INFORMATION

Name: _____
Last First MI

Address: _____
Street Number and Name PO Box

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I prefer to be contacted by: Phone _____ TTY _____ Email _____ US Mail _____ Other (specify) _____

II. DESCRIBE YOUR COMPLAINT OF PHYSICAL DISCRIMINATION BASED UPON DISABILITY

Be specific & give dates, time and locations.

III. PEOPLE INVOLVED IN THIS COMPLAINT

List names or describe all persons involved in your complaint. Indicate the job title & County agency, department or division of County employees if possible.

IV. WITNESSES TO YOUR COMPLAINT

List names or describe all persons involved in your complaint. Indicate the job title & County agency, department or division of County employees if possible.

V. EVIDENCE & DOCUMENTATION

List & provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

VI. WHAT REMEDIES/RESOLUTIONS ARE YOU SEEKING?

CERTIFICATION: I hereby certify that the information & statements above are true.

Signature: _____ Date: _____

If person needs accommodation is not the individual completing this form, please provide the following information:

Name: _____
Last First MI

Address: _____
Street Number and Name PO Box

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How to Submit a Complaint

By Mail: Okaloosa County Transit
Attn: Transit Division Manager
600 Transit Way Fort Walton Beach, FL 32547

By Email: dltransit@myokaloosa.com

By Phone: (850)833-9168

All documentation related to ADA complaints will be retained for a minimum of one (1) year, and summaries of complaints will be retained for a minimum of five (5) years, in accordance with federal regulations.

Use the reverse side of this form or attach numbered pages if needed.