

ADA Comment/Complaint Form

The American with Disabilities Act (ADA) prohibits discrimination against all qualified disabled individuals in public services, programs, and activities. The City & County of Honolulu, Department of Transportation Services, and Oahu Transit Services are committed to ensuring that no qualified disabled person is discriminated against while using TheBus or TheHandi-Van as prohibited by ADA.

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to: Oahu Transit Services, Inc., Compliance Officer, 811 Middle Street, Honolulu, Hawaii 96819.

SECTION I: TYPE OF COMMENT			
Is this related to a Reasonable Modification: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes, has a request for a modification been previously submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION II: CONTACT INFORMATION			
Salutation [Mr./Mrs./Ms., etc.]:			
Name:			
Street Address:			
City, State, Zip code:			
Phone:		Email:	
Accessible Format Requirements:	<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD/Relay	<input type="checkbox"/> Audio Recording Other:
SECTION III: COMMENT DETAILS			
Transit Service (Choose One) <input type="checkbox"/> Bus <input type="checkbox"/> Paratransit			
Date of Occurrence:		Time of Occurrence:	
Name/ID of Employee(s) or Others Involved:			
Vehicle ID/Route Name or Number:			
Direction of Travel:			
Location of Incident:			
Mobility Aid Used (if any):			
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the best way to reach you? (Choose One)*		<input type="checkbox"/> Phone	<input type="checkbox"/> Email <input type="checkbox"/> Mail
If a phone call is preferred, what is the best day and time to reach you?			
SECTION V: DESIRED RESPONSE (Choose One)*			
<input type="checkbox"/> Email response			
<input type="checkbox"/> Telephone response			
<input type="checkbox"/> Response by U.S. Postal Mail			