

ADA Comment/Complaint Form ADA 留言 / 投诉表

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.

The American with Disabilities Act 美国残疾人法案(ADA)禁止在公共服务、计划或活动中歧视任何符合资格的残疾人。檀香山市县、交通运输服务部、以及欧胡岛交通运输服务部门致力于遵循ADA禁止条例以保证所有符合资格的残疾人在使用TheBus (公交车) 或TheHandi-Van (残障人士小巴) 时不受歧视。

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:

请提供以下所需信息以便我们处理您的投诉。我们可应要求提供协助。请完整填写这张表格并邮寄或递交至：Oahu Transit Services, Inc., Compliance Officer, 811 Middle Street, Honolulu, Hawaii 96819.

SECTION I: TYPE OF COMMENT 第一部分(I) : 留言类型				
Is this related to a Reasonable Modification: [] Yes 是 [] No 否 这是否与合理改动有关				
If you answered yes, has a request for a modification been previously submitted? [] Yes 是 [] No 否 如果回答是, 改动要求是否在事前已提交?				
SECTION II: CONTACT INFORMATION 第二部分(II) : 联系信息				
Salutation 称呼 [Mr./Mrs./Ms., etc.]:				
Name 姓名:				
Street Address 街道地址:				
City, State, Zip code 城市, 州, 邮政编码:				
Phone 电话:		Email 电子邮件:		
Accessible Format Requirements 无障碍模式要求:	[] Large Print 大字	[] TDD 听障人士专线/ Relay 转接	[] Audio Recording 语音录音	Other 其他:
SECTION III: COMMENT DETAILS 第三部分(III) : 留言细节				
Transit Service (Choose One) [] TheBus 公交车 [] TheHandi-Van 残障人士小巴 交通服务 (请选择一项)				
Date of Occurrence: 发生日期:		Time of Occurrence: 发生时间:		
Name/ID of Employee(s) or Others Involved: 工作人员或涉及人员姓名 / 工作证号:				

Vehicle ID/Route Name or Number:
车辆识别号/路线名或路线号 :

Direction of Travel
行进方向 :

Location of Incident
事件地点 :

Mobility Aid Used (if any)
使用的行动帮助 (如果有)

If above information is unknown, please provide other descriptive information to help identify the employee:
如果不知道以上信息, 请提供其他描述性信息以帮助我们辨识工作人员 :

Description of Incident or Message 事件描述或讯息 :

SECTION IV: FOLLOW-UP 第四部分 (IV) : 后续措施

May we contact you if we need more details or information? 如果我们需要更多细节或信息, 可否联系您?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
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What is the best way to reach you? (Choose One)* 最好联系到您的方式 (请选择一项) *	<input type="checkbox"/> Phone 电话	<input type="checkbox"/> Email 电子邮件	<input type="checkbox"/> Mail 邮件
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If a phone call is preferred, what is the best day and time to reach you? 如果希望以电话方式联系, 请说明最好哪天、什么时间可联系到您。	
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SECTION V: DESIRED RESPONSE (Choose One)* 第五部分(V): 希望答复方式 (请选择一项) *

Email response 电子邮件答复

Telephone response 电话答复

Response by U.S. Postal Mail 美国邮政邮件答复