



Core Transit ADA Complaint Form

Report of Alleged Discrimination Based on Accessibility

If you believe you have been discriminated against in violation of the Americans with Disabilities Act (ADA) by Core Transit, please complete this form and submit it to:

Core Transit
3289 Cooley Mesa Road
PO Box 1070
Gypsum, CO 81637
Phone: (970) 328-3520
Email: paratransit@CoreTransit.org

To be accepted for investigation, this form must be signed, dated, and submitted within 180 days of the alleged incident.

1. Complainant Information

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____



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(970) 328-3520
CoreTransit.org

Email Address: _____

2. Are you filing this complaint on your own behalf?

Yes No

If no, please provide the name and relationship of the person for whom you are filing this complaint:

Name: _____

Relationship to Complainant: _____

Why are you filing on their behalf?

3. Have you filed this complaint with any other agency?

Yes No

If yes, please provide the name of the agency and the contact person (if known):

Agency Name: _____

Contact Person: _____

Phone Number: _____

Email: _____

Date Filed: _____

4. What is the best way for us to contact you?

Phone Email Mail



5. Preferred Language (if other than English):

6. Date of the alleged incident of discrimination:

7. Location where the alleged incident occurred:

(e.g., bus stop location, route number, etc.)

8. Describe the alleged act of discrimination:

(Please be as specific as possible. Include what happened, who was involved, and any relevant details.)

9. How do you believe you were discriminated against due to inaccessibility?

(e.g., denial of service, failure to accommodate, inaccessible vehicle or stop, etc.)

10. Were there any witnesses to the incident?



Yes No

If yes, please provide their names and contact information if known:

11. Is there anyone else you would like us to contact for more information or clarification?

Name:

Contact Info: _____

Relation to Incident: _____

12. Signature and Date

I affirm that the information above is true to the best of my knowledge.

Signature: _____

Date: _____

You may submit this form by mail, in person, or by email to:

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If you need assistance completing this form or would like to request it in an alternate format, please contact us by phone or email.



