

# Lake Transit Authority Americans with Disabilities Grievance Form

In accordance with Title II of the Americans with Disabilities Act (ADA) of 1990, it is the intention of the Lake Transit Authority to provide access to all services associated with its operation and to all persons with disabilities. Please use this form to file a grievance if you believe the Lake Transit Authority has not provided satisfactory accommodation for a disability.

You may submit your grievance to:

Lake Transit Authority  
ADA Coordinator  
525 S. Main St., Ste. G  
Ukiah, CA 95482

## ***Grievant Information***

Grievant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Other contact information:

\_\_\_\_\_  
\_\_\_\_\_

Please describe a description of alleged violation and requested remedy:

*(Please include date, time, location, and specific information)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_