



## **Americans With Disabilities Act (ADA) Complaint Process**

Yakima Transit is committed to providing safe, reliable, and accessible transportation. In accordance with the Americans with Disabilities Act of 1990 (ADA), Yakima Transit prohibits discrimination against qualified individuals with disabilities.

If you believe you have been denied participation in the benefits of Yakima Transit services due to a disability, you may file a complaint using the methods below:

### **How to file a complaint**

Submit an ADA complaint to the **ADA Coordinator**:

1. **In-person or by mail:** 2301 Fruitvale Blvd, Yakima, WA 98902.
2. **Phone:** (509) 576-6456. Monday - Friday 8:00 AM – 5:00 PM.
3. **Email:** Transit@yakimawa.gov
4. **Fax:** (509) 576-6414.

### **Review And Investigation Process**

All complaints are reviewed and investigated by appropriate staff. A response will be provided within 10 business days. Investigation will begin within 15 days of receipt and be completed within 60 calendar days. Findings will be communicated within 3 business days of completion.

If you are not satisfied with the response, you may file an appeal within 5 business days. If no appeal is received, the complaint will be closed.

### **Feedback Assistance**

If you need help submitting a complaint due to a disability or require language assistance, please call (509) 575-6175.

Si necesita ayuda para presentar una queja debido a una discapacidad or requiere asistencia en idiomas, por favor llame al (509) 575-6175.



**Americans with Disabilities Act  
(ADA) Complaint Form**

**\*PLEASE PRINT CLEARLY**

**Section 1 – Contact Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP code: \_\_\_\_\_

Email: \_\_\_\_\_

Do you require an accessible format? (Circle)

Large Print          TTY/TDD          Audio Tape          Other \_\_\_\_\_

Are you filing this complaint on your own behalf? (Circle One)

Yes                      No

If No, provide the name and relationship to the person for whom you are filing the complaint:

\_\_\_\_\_

**Section 2 – Alleged Discrimination Information**

Date and Time of Alleged Discrimination: \_\_\_\_\_

Location of Alleged Discrimination: \_\_\_\_\_

Which Yakima Transit Service was being used when the discrimination Occurred? (Circle One)

- Fixed Route Bus Service
- Dial-A-Ride Paratransit Service
- Yakima-Ellensburg Commuter

If Fixed Route Bus Service please provide the route, direction of travel, and bus number (if known):

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Please explain the events that occurred and why you believe you were discriminated against. Please include the names, titles, and descriptions of Yakima Transit employees who were involved and any witnesses with their contact information. For additional space you may attach written materials.

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