

ADA Complaint Form



Return this completed form to: **GCTD General Manager, 1901 Auto Center Drive, Oxnard, CA 93036**

GCTD is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of disability as provided by the Americans with Disabilities Act (ADA), as amended. ADA complaints should be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact Gold Coast Transit District at (805) 483-3959.

First Name:	Last Name:
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Phone:	Email:
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Street Address:	City, State, Zip:
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Name of Person(s) discriminated against: (if other than complainant)

Street Address:	City, State, Zip:
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Date of Incident(s): _____

Have you filed a complaint with any other federal, state or local agencies? (Check box)

- No**
- Yes** If Yes, list agency, and contact information below.

Agency Name: _____ **Address, City, State, Zip:** _____

Phone: _____ **Person Contacted:** _____

Please describe the alleged incident (s) of discrimination. Provide the names and titles of all GCTD employees involved if available. Explain what happened and who you believe was responsible. Please use the back of this form if additional space is required.

Additional space on reverse...

I affirm that I have read the above and that it is true to the best of my knowledge, information and belief.

Complainants' Signature:

Date: