FORMAL WRITTEN COMPLAINT FOR ACCOMMODATION OR BARRIER REMOVAL

Name of Person Making Complaint: ____________________________________________
Address: __________________________________________________________________
City, State, and Zip: ____________________________________________________________
Home Phone: ___________________ Cell Phone: ___________________
Email: _________________________

If person needing accommodation is not the individual completing this form, please enter:
Name of Person Making Complaint: ____________________________________________
Home Phone: ___________________ Cell Phone: ___________________

ACCOMMODATION or BARRIER REMOVAL (please circle one)
Accommodation needed or location of barrier: ______________________________________

If a Request for Accommodation or Barrier Removal was filed, please provide:
Date request was filed: ________________________________________________________
Were you contacted after filing your request: Yes: __________________ No: __________
If yes, was the resolution satisfactory to you? Yes: __________________ No: __________
If no, please state why: __________________________________________________________________

Brief statement of why the accommodation is needed or the barrier removed:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Date accommodation is needed: __________________________________________________________________

Signature: ___________________ Date: ___________________

Please give the completed form to the department where accommodation is needed or send to:
City of Fairfield
Fairfield and Suisun Transit
Attn: Debbie Whitbeck, ADA Coordinator
2000 Cadenasso Drive, Fairfield, CA 94533
Phone: (707) 434-3800  FAX: (707) 426-3298
www.fasttransit.org transit@fairfield.ca.gov