

OCTA Americans with Disabilities Act Complaint Form

OCTA is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by Title II of the Americans with Disabilities Act of 1990 ("ADA"). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please call (800) 636-RIDE or TDD - Hearing Impaired (714) 636-HEAR (4327). The completed form may be e-mailed to adainquiries@octa.net or mailed to: Orange County Transportation Authority c/ o Federal Compliance Officer P.O. Box 14184 Orange, CA 92863-1584 ATTN: Christina Blanco, ADA Coordinator for OC ACCESS; or Elina Rojas, ADA Coordinator for OC Bus fixed route.

Incident Date and Time:
Clearly explain what happened and why you believe you were discriminated against. Include specific details such as names, route numbers, locations and any other relevant information that would assist us in understanding and investigating your allegations:
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(Continued)			
Complainant's Name:			
Street Address:			
City:			
Home Phone:	Cell Phone:		
E-mail Address:			
E-mail Address: OC ACCESS ID (if applicable):			
OC ACCESS ID (if applicable):	ent from Complain	 ant):	
OC ACCESS ID (if applicable):	ent from Complain	 ant):	
OC ACCESS ID (if applicable): Person Preparing Complaint (if different street Address:	ent from Complain	 ant):	
OC ACCESS ID (if applicable): Person Preparing Complaint (if different street Address:	ent from Complain	ant): State:	Zip:
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OC ACCESS ID (if applicable): Person Preparing Complaint (if difference of the street Address:	ent from Complain	ant): State: true to the	Zip:
OC ACCESS ID (if applicable): Person Preparing Complaint (if difference of the street Address: City: I affirm that I have read the above chain information, and belief.	ent from Complain	ant): State: true to the	Zip: best of my knowledge
OC ACCESS ID (if applicable): Person Preparing Complaint (if difference of the street Address: City: I affirm that I have read the above chainformation, and belief. Complainant's Signature:	ent from Complain	ant): State: true to the	Zip: best of my knowledge
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