

**ADA COMPLAINT FORM**

Please print out this form, fill it out and mail it to: Middletown Transit District, or ConnDOT, or the Federal Transit Administration.

**Name:**

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**Street Address:** .

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**City or Town/State/Zip Code:** .

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**Phone:**

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**Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you including their titles (if known) or the lack of accessibility.**

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**Please provide the names, addresses and telephone numbers of any witnesses.**

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**Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other persons were treated differently from you.**

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**Signature/Date** \_\_\_\_\_

You may use additional sheets of paper if necessary. Also include any written materials pertaining to your complaint.

**Address:** Middletown Transit District: ADA Complaint  
340 Main St.  
Middletown, CT 06457