



Ocean Ride

American Disabilities Act (ADA) Complaint Form

Date of Receipt of Complaint	Summary (include basis of complaint: Race, Color, or National Origin)	Date of Assignment to Investigate	Date(s) of Communication with Complainant	Date of Resolution

Contact Person: Program Coordinator at (732) 736-8989, ext. #5919



Ocean Ride

American Disabilities Act (ADA) Complaint Form Rider Information

Contact Information: _____

Date: _____ Time: _____

Location: _____

Mobility device or other equipment:

Wheelchair Scooter Walker Other _____

Vehicle Number #: _____ Driver: _____

Description of Incident: _____

Please provide (if applicable) Photos Videos



Ocean Ride

American Disabilities Act (ADA) Complaint Form Back-Up Documentation

Communication with Complainant and Staff:

Telephone call notes

Written communication (paper and electronic)

Vehicle Tracking

Dispatch Input

Driver Manifests

Interviews with passenger, Driver or witness to the incident