

ADA COMPLAINT FORM-UCATS

Union County Agency Transportation Services (UCATS) is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. Please make sure to provide us with your contact information in order to receive a response. ADA Coordinator Nedra Baetz, 940 London Ave. Suite 1800 Marysville, Ohio 43040 (937)644-1010 extension 2226 or [Nedra.Baetz@jfs.ohio.gov](mailto:Nedra.Baetz@jfs.ohio.gov)

SECTION I: TYPE OF COMMENT (Choose One)*				
Compliment	Suggestion	Complaint	Other:	ADA Related? Y / N
SECTION II: CONTACT INFORMATION				
Salutation [Mr./Mrs./Ms., etc.]:				
Name:				
Rider ID (if applicable):				
Street Address:				
City, State, Zip code:				
Phone:		Email:		
Accessible Format Requirements:	Large Print_	TDD/Relay_	Audio Recording	Other
SECTION III: COMMENT DETAILS				
Date of Occurrence:		Time of Occurrence:		
Name/ID of Employee(s) or Others Involved:				
Vehicle ID/Route Name or Number:				
Direction of Travel:				
Location of Incident:				
Mobility Aid Used (if any):				
If above information is unknown, please provide other descriptive information to help identify the employee:				
Description of Incident or Message:				
SECTION IV: FOLLOW UP				
May we contact you if we need more details or information?			Yes	No
What is the best way to reach you? (Choose One)		<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
If a phone call is preferred, what is the best day and time to reach you?				
SECTION V: DESIRED RESPONSE (Choose One)				
<ul style="list-style-type: none"> <li>- Email response</li> <li>- Telephone response</li> <li>- Response by U.S. Postal Mail</li> </ul>				