



ADA CUSTOMER COMPLAINT FORM

Customer Name:

Telephone Number:

Address:

Email:

Date of Incident:

Time Frame of Incident:

to

Bus Number (if applicable):

Location of Service:

Description of ADA Complaint:

Signature:

Date:

Please contact The Office of Civil Rights with questions. Completed complaint forms can be mailed or emailed to:

**The Office of Civil Rights
900 Public Safety Boulevard
Dover, DE 19901**

**Email: DOT_DTCCR@Delaware.gov
Phone: (800) 652-3278**

For Office Use Only:

Date Received: _____

Received by: _____

COM Number: _____

Closed: _____