Midland Odessa Urban Transit District
ADA Complaint Form

The Americans with Disabilities Act of 1990 (ADA), provides that no individual with a disability shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any MOUTD program, service or activity.

If you have a complaint under the ADA, complete this form and submit it to MOUTD, ADA Compliance Officer, P.O. Box 60808, Midland, TX 79711 or at ADA@ez-rider.org.

I. COMPLAINANT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
<td></td>
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<tr>
<td>City – State – Zip</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Email Address</td>
</tr>
<tr>
<td>Accessible Format Requirements? [ ] Large Print [ ] TDD [ ] Audio Tape [ ] Other</td>
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II. PRIMARY/THIRD PARTY INFORMATION

Are you filing this complaint on your own behalf?
[ ] YES ➔ If you answered “YES” to the question, go to Section III.
[ ] NO ➔ If you answered “NO” to the question, answer the following questions:

a. Please supply the name and relationship of the person for whom you are complaining?

b. Please explain why you have filed for a third party?

c. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. [ ] YES [ ] NO
III. COMPLAINT BASIS

Date of Alleged Discrimination (Month, Day, Year)

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back side of this form or a separate sheet of paper.

IV. COMPLAINT FILING CONTACTS

Have you previously filed an ADA complaint with MOUTD? [ ] YES [ ] NO

Have you filed this complaint with any other federal, state or local agency or with any federal or state court? [ ] YES [ ] NO If YES, check all that apply:

[ ] Federal Agency [ ] State Agency [ ] Local Agency [ ] Federal Court [ ] State Court

Please provide information for a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

City – State – Zip Code

Telephone:

You may attach any written materials or other information that you think is relevant to your complaint.

Complainant’s Signature ___________________________ Date ___________________________
Please submit this form in person at the address below or mail this form to:

Midland Odessa Urban Transit District  
ATTENTION: ADA Compliance Officer  
10300 Younger Rd.  
Midland, TX 79706

You may also submit this form via electronic mail to: ADA@ez-rider.org

**OFFICE USE ONLY**

| Jurisdiction: on or before 180 days post event |  
| Closure: |  
| [ ] 1 – Closure Letter |  
| [ ] 2 – Letter of Finding |  
| [ ] 3 – Administrative (FC) |  
| [ ] 4 – Administrative (CW) |  
| Appeal: 10 days post receipt date of Closure Letter or Letter of Finding |  