Geauga County Transit
ADA Complaint Form

Section I: (Contact Information)
Name:
Street Address:
City, State, Zip Code:
Telephone (Home): Telephone (work):
Email:
Accessible Format Requirements: (circle one) Large Print TDD Audio Tape Other:

Section II: (Comment Details)
Date of Occurrence: Time of Occurrence:
Name of Employee or Others Involved:
Vehicle 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 [Text box on web form for narrative]:

Section III: (Follow Up)
May we contact you if we need more details or information: Yes No
What is the best way to reach you? Phone Email Mail
If a phone call is preferred, what is the best day and time to reach you?

Section IV: (Desired Response) - Circle One
Email response Telephone Response Response by U.S. Postal Mail

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

Signature and Date Required Below:

Signature Date

Please submit this form in person at the address below, or mail this form to:

Geauga Transit
ADA Coordinator
12555 Merritt Rd.
Chardon Ohio 44024