

# Miami-Dade Transit Office of Civil Rights and Labor Relations ADA Compliance Comments or Concerns

Required fields are marked with an asterisk (\*)

## I. Contact Information:

Complaint \_\_\_\_\_ Comment \_\_\_\_\_

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Home Address\* \_\_\_\_\_ Apt. \_\_\_\_\_

City\* \_\_\_\_\_ State \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Customer Number (if available) \_\_\_\_\_

Daytime Phone Number\* \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## II. Incident Information:

Date of Incident: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time: \_\_\_\_\_ AM or PM

Route Number (if available) \_\_\_\_\_ Bus Number (if available) \_\_\_\_\_

Date of Complaint (if different from date of incident) \_\_\_\_\_

**Enter comments or suggestions here\***

Please submit this form to:

Miami-Dade Transit

701 NW 1 Court – Suite 1700 Miami, FL 33136

ATTN: **Marcos Ortega**

This form can also be emailed to Marcos Ortega at [mo7225@miamidade.gov](mailto:mo7225@miamidade.gov) or faxed to **786-469-5589**