



Department of Transportation and Public Works (DTPW)
ADA Customer Complaint/ Commendation/ Comment Form

Required fields are marked with an asterisk (*)

Please indicate the mode of transportation you were on: Bus [] Train [] Mover [] STS []

I. Contact Information:

Please check one if this is a complaint or comment: Complaint [] Commendation [] Comment []

First Name* _____ Last Name* _____

Home Address* _____ Apt. _____

City* _____ State _____ Zip Code* _____

Telephone/ Cell Number (if available) _____

Alternate 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 additional comments or suggestions here*

Large empty rectangular box for additional comments or suggestions.

Please submit this form to the:

Department of Transportation and Public Works (DTPW)
Office of Civil Rights and Labor Relations – ADA Office
701 NW 1 Court, Suite 1700
Miami, FL 33136

This form can also be emailed to Nathaniel Surrancy, Manager, DBELO/ ADA at: DTPW-ADA@miamidade.gov