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*

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

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1/7/2022