

ADA COMPLAINT RESOLUTION FORM

The Greater Hartford Transit District is committed to providing safe and reliable ADA Paratransit services. Use this form for suggestions, compliments, and complaints. Please provide us with your contact information in order to receive a response.

Customer Service Department c/o First Transit, 148 Roberts Street, East Hartford, CT 06114
(860) 724-5340 extension 9, Hartford.Customerservice@firstgroup.com

SECTION I: TYPE OF COMMENT (Choose One)*			
Compliment Suggestion Complaint Other (please explain):			
ADA related? Y/N			
SECTION II: CONTACT INFORMATION			
Salutation [Mr. /Mrs. /Ms., etc.]		Name:	
Rider ID# (if applicable)		Street Address:	
City, State, Zip code:			
Phone: ()		Email:	
Accessible Format Requirements: Large Print TDD/Relay Audio Recording Other			
Information required in language other than English? If so, indicate language:			
SECTION III: COMMENT DETAILS			
Date of Occurrence:		Time of Occurrence: am/pm	
Mobility Aide used (if any):			
Name of Employee(s):			
Vehicle ID / Route Name or Number:		Direction of Travel:	
Location of Incident:			
If above information is unknown, please provide other descriptive information to help identify the employee:			
Description of Incident or Message:			
SECTION IV: FOLLOW UP			
May we contact you if we need more details or information? Yes No			
What is the best way to reach you (Choose one)* Phone Email Postal Mail			
If a phone call is preferred, what is the best day and time to reach you?			
SECTION V: DESIRED RESPONSE (Choose One)*			
Email Response		Telephone Response	Response by US Postal Mail
SECTION VI: OTHER COMPLAINTS FILED			
Have you filed a complaint with any other federal, state, or local agencies? Yes No			
If so, list agency/agencies and contact information below:			
Agency:		Contact Name:	
Street Address		City	State Zip Code
Phone			
Agency:		Contact Name:	
Street Address		City	State Zip Code
Phone			