



MADERA COUNTY TRANSPORTATION COMMISSION  
ADA COMPLAINT GRIEVANCE FORM

Complainant: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant (if different from Complainant): \_\_\_\_\_

Street Address and Apt No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a complete description of your complaint or grievance:

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Please specify the location of your grievance (if applicable):

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Please state what you think should be done to resolve the grievance:

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Please attach additional pages as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Madera County Transportation Commission ADA Coordinator  
2001 Howard Road, Suite 201, Madera, CA 93637 Tel (559) 675-0721

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above.