

# Lextran ADA Complaint Form

## Section I:

Name:

Address:

Telephone (Home):

Telephone (Cell):

Email:

Accessible Format Requirements?	Large Print		Audio	
	TDD/Relay		Other	

## Section II:

Transit Service (Choose One): Fixed Route / Wheels

Date of Occurrence:

Time of Occurrence:

Name of Employee (if known):

Vehicle ID/ Route Name or Number:

Location of Incident:

Mobility Aid Used (if any):

Description of Incident:

If more space is needed, please use the back of this form.

## Section III:

What is the best way to reach you? (Choose One) Phone / Email / Mail

If a phone call is preferred, what is the best day and time to reach you?

You may attach any written materials or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form via email at [compliance@lextran.com](mailto:compliance@lextran.com),  
in person at the address below, or mail this form to:

Lextran

ADA Coordinator

200 West Loudon Avenue • Lexington KY 40508