



**SOUNDTRANSIT**

Sound Transit  
Americans with Disabilities Act  
Discrimination Form

Note: This form should only be used to register a formal complaint of discrimination under the Americans with Disabilities Act. Complainant must first try to resolve issues through normal customer service channels by submitting information to [accessibility@soundtransit.org](mailto:accessibility@soundtransit.org).

Completed form may be mailed to: Michael Miller, Sound Transit, 401 S. Jackson St., Seattle, WA 98104  
Please note that all fields are required.

**Complainant Information**

Date of Complaint:

Name of Complainant:

Address 1:

Address 2:

City:

State:

Zip Code:

Home telephone:

Cell:

E-Mail:

**Occurrence Information**

Date of Occurrence:

*Type of Complaint*

Facility     Vehicle

Personnel:

Bus Operator     Security/Fare Enforcement

Train Operator     Train Conductor

Other (please identify):

Service:

Sounder     Central Link

ST Express Bus    Route Number:

Location (Bus Stop or Transit Facility name):

Direction of Travel:

Description of Occurrence:

**Sound Transit Use Only:**

Date Received:	Date Acknowledgement of Receipt Sent:
Resolution:	
Appeal Date:	Appeal Granted: