Sound Transit Americans with Disabilities Act Discrimination Form

Note: This form should be used to register a formal complaint of discrimination under the Americans with Disabilities Act. It is recommended that the complainant should first try to resolve issues through typical customer service channels by submitting information to accessibility@soundtransit.org.

The completed form may be mailed to: Senior Program Manager, Accessible Services, Sound Transit, 401 S. Jackson St., Seattle, WA 98104, or e-mail to accessibility@soundtransit.org.

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 □
Vehicle Personnel:
Bus Operator □
Security/Fare Enforcement □
Train Operator □
Train Conductor □
Other (please identify): ________________________________
Service

Sounder ☐
Link Light Rail ☐
Tacoma Link ☐
ST Express Bus ☐
Route Number: __________________________

Location (Bus Stop or Transit Facility name):

________________________________________

Direction of Travel:

________________________________________

Description of Occurrence:

________________________________________