



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:
