



Filing an ADA Complaint

Any person who believes they have been discriminated against on the grounds of disability may file a complaint directly with the City or the Federal Transit Administration (FTA). Complaints should be filed within 180 days of the alleged violation.

To file a complaint with the City, complete the City's complaint form, sign the form and mail it to:

City of Round Rock Attn:
Transit Coordinator
3400 Sunrise Road
Round Rock, Texas
78665

Within 5 business days of the receipt of the complaint, the Transit Coordinator will notify, in writing, the complainant and FTA of the receipt of the complaint. The Transit Coordinator will review the complaint, policies and procedures associated with the complaint, and the circumstances under which the alleged discrimination occurred and any other pertinent factor

Within 30 days of receipt of the complaint, the Transit Coordinator will send the complainant and FTA a letter of finding. The letter of findings will outline the results of the investigation. If the investigation determines the City is not in violation, the letter of finding will include an explanation and provide notification of the complainant's appeal rights. If the investigation determines the City is in violation, the letter of finding will document the violation and the action the City will take or has taken to resolve the violation.

To file a complaint with Federal Transit Administration, contact them directly at:

Phone: [888-446-4511](tel:888-446-4511)

Business Hours:

8:30am-5:00pm ET, M-F

With your form, please attach the following on separate sheet(s):

- A summary of your allegations and any supporting documentation.
- Sufficient details for an investigator to understand why you believe a public transit provider has violated your rights, with specifics such as dates and times of incidents.
- Any related correspondence from the transit provider.

City of Round Rock

ADA Grievance Form

Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973

Instructions: Please fill out this form completely. Sign and send it to the address at the bottom of the page. Incomplete forms will not be processed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Grievance Information:

Address: _____ Time/Date: _____

Please provide a complete description of your grievance (attach additional pages as needed):

Signature: _____ Date: _____

Please return to: ADA Transition Plan Coordinator, 3400 Sunrise Road, Round Rock, TX 78665

For Office Use Only

Facilities outside City jurisdiction will be forwarded to the appropriate entity by the City of Round Rock.

File #: _____ Date Received: _____ Received By: _____

Notes: _____

Reviewer Name: _____ Title: ADA Plan Coordinator

Signature: _____ Date: _____