



Americans with Disabilities Act Complaint Form

Ride Connect ensures that no persons or groups of persons shall, on the grounds of a disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities. ADA complaints are received, reviewed and investigated by Ride Connect Texas' Executive Director/ADA Coordinator Dr. Amanda Villarreal. To request an accommodation or an alternate format, please contact: Dr. Villarreal at 210-558-0007 or at amanda@rideconnecttexas.org.

Date of Filing: _____

Name: _____ Signature: _____

Address: _____

City, State, Zip Code: _____

Work Phone: _____

Home Phone: _____

Email Address: _____

Date of Alleged Incident: _____

Indicate below the person(s) who you believe discriminated against you.

Name: _____

Work Location: _____

Work Phone: _____

Please provide a detailed description of the alleged incidence of discrimination: If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

Please attach and/or provide any additional information that might be useful in processing your complaint. The completed form must be submitted to:

Amanda Villarreal, PhD
 Executive Director/ADA Coordinator
 517 SW Military Drive
 San Antonio, TX 78221
amanda@rideconnecttexas.org