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’ President/CEO/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.

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| --- | --- |
| 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.  |
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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

 President/CEO/ADA Coordinator

 2201 St. Cloud

 San Antonio, TX 78228

 amanda@rideconnecttexas.org