

ABQ RIDE
Americans with Disabilities Act (ADA)
Complaint Procedure

ABQ RIDE has adopted a procedure for the prompt resolution of complaints alleging non-compliance with the Americans with Disabilities Act (ADA).

Procedure

1. Complaints shall be filed in writing within 180 days by the complainant or an authorized representative. The complaint must contain the name, address, and telephone number of complainant and a brief description of alleged Department violation(s). If the complaint does not contain sufficient information for ABQ RIDE to determine whether a violation occurred, ABQ RIDE will contact the complainant for the necessary information. If the complainant does not provide additional information within 30 days, ABQ RIDE will close the case.
2. Indicate what actions you are requesting the Department to take to correct the alleged violation(s).
3. The complainant or an authorized representative must sign all complaints.
4. Complaints should be addressed to the ABQ RIDE Supervisor:

ABQ RIDE Supervisor
The City of Albuquerque Transit Department
ABQ RIDE
100 1st street SW
Albuquerque, NM 87102
Phone: (505) 243-7433

5. You may request an informal meeting with the ABQ RIDE Supervisor to discuss your complaint and the Department's investigation of it.
6. You will receive a written response from the ABQ RIDE supervisor within 60 days after the filing of your complaint, including any additional information requested by ABQ RIDE. The response will include a summary of the information gathered, a conclusion of whether the violation is substantiated, and if so what action(s) the ABQ RIDE will take to address the violation.

Using this complaint procedure does not prevent you from filing a complaint with the appropriate federal enforcement agency.

The Complaint Form is located on page 2

ABQ RIDE
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Use this form to file a complaint that ABQ RIDE has not complied with ADA.

Date: _____

Complainant's Name: _____

Name of the representative filing on behalf of Complainant: _____

Phone: _____ TTY 711: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Alleged Violations

Describe how ABQ RIDE has not complied with ADA in sufficient detail to make your complaint clear. Please be sure to include as much of the following information as possible as applicable. Attach additional pages if necessary:

Date: _____ Time: _____ Route: _____

Location: _____ Direction of Travel: _____

Vehicle Number: _____ Name of Employee: _____

Description: _____

Requested Action

What actions do you request be taken to correct the alleged ADA non-compliance?

Have you filed this complaint with another agency? If yes, please specify: _____

Please provide a case number, if available: _____

Signature of (check one):

Complainant

Authorized Representative

Signature

Date

This Notice and Related Materials Are Available in Alternate Format.