



**AMERICANS WITH DISABILITIES ACT (ADA)  
COMPLAINT FORM**

EZ Ride is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by Title II of the Americans with Disabilities Act of 1990 (ADA). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact our Customer Service team at (201) 939-4242, option 1.

Complainant: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Street Address, City, State, Zip Code: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of EZ Ride employees involved, if available.

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