**Disability-Based Complaint Form**

Please complete this form to file a disability-based complaint with PSTA. Submit the completed form to PSTA via email at ada@psta.net, via fax at (727) 540.1923, or via mail to Ross Silvers, ADA Officer, PSTA, 3201 Scherer Drive, St. Petersburg, FL 33716.

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| **Name:** | Click or tap here to enter text. |
| **Today’s Date:** | Click or tap to enter a date. |
| **Phone:** | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. |
| **Date & Time of Incident:** | Click or tap here to enter text. |

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| **Description of Complaint:** |
| Click or tap here to enter text. |
| **Location of Incident** (PSTA staff/contractor names, vehicle numbers, bus stop #, and/or address)**:** |
| Click or tap here to enter text. |
| **If similar incidents have occurred previously, please provide any available details** (names, dates, times, locations)**:** |
| Click or tap here to enter text. |