



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

All Grievances concerning discrimination in the provision or accessibility of TriMet programs, services, benefits, or activities, or concerning a response to a request for accommodation or modification of programs, services, benefits, or activities should be submitted to TriMet’s ADA Officer using this Grievance Form. Rather than filing a formal Grievance, you may express your concerns by telephone to TriMet Customer Service at (503) 238-7433, Option 5.

The Grievance Form should be submitted as soon as possible, but no more than sixty (60) days after the alleged discriminatory actions or event occurred. You may receive help from another person if you are unable to complete this Grievance Form yourself.

Please provide the following information about your Grievance:

1. Name (please print): \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Name & Title of your Authorized Representative (if any): \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Date & Time of the Discriminatory Event or Action: \_\_\_\_\_
8. Location of the Discriminatory Event or Action: \_\_\_\_\_
9. If possible, provide bus number & line, bus stop, MAX line or platform, or other place:  
\_\_\_\_\_
10. State how you believe you were discriminated against because of your disability (additional space, p. 2):  
\_\_\_\_\_  
\_\_\_\_\_
11. Proposed remedy for the discrimination you believe you suffered (additional space, p. 2):  
\_\_\_\_\_

**By signing in the space below, I hereby certify that the information stated in this Grievance Form is true and correct to the best of my knowledge and belief.**

Signature: \_\_\_\_\_

Today’s Date: \_\_\_\_\_

You may submit this Grievance Form:

- 1) by email to [ADAofficer@trimet.org](mailto:ADAofficer@trimet.org), or
- 2) by U.S. Mail to:

TriMet ADA Officer  
101 SW Main St., Suite 700  
Portland OR 97204

**Additional space to describe discriminatory event or action, and/or your proposed remedy:**

Discriminatory event or action you believe occurred:

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Your proposed remedy for the discrimination you believe you suffered:

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