

ACCESS Title VI Complaint Form

Any person who believes that they have been subjected to discrimination and would like to file a complaint should provide written notice to the ACCESS program office. Submit and mail this form to:

**Customer Service Department
ACCESS Transportation Systems
650 Smithfield Street, Suite 440
Pittsburgh, PA 15222**

Section I: Personal Information

***First Name:** _____

***Last Name:** _____

***Address 1:** _____

Address 2: _____

***City:** _____ ***State:** _____ ***Zip:** _____

Telephone (Home): _____ **Telephone (Cell):** _____

Email: _____

**required*



Questions? Call
(412) 562-5353 or TTY 711

Revised January 2021



Office hours are Monday–
Friday 8 a.m.–4:30 p.m.



Find ACCESS information
online at **myaccessride.com**

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Section II: What type of discrimination did you experience? (circle one)

Race

Color

National Origin

***Date of Incident:** _____

***Time of Incident:** _____

Location :

***Explain as clearly as possible what happened and why you believe you were discriminated against.**
