
ADA Complaint/Service Request Form

For Curb Ramps and Sidewalk in the Public Road Right-of-Way

PLEASE PRINT

NAME (Mr/Mrs/Ms) _____ TODAY'S DATE _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (_____) _____ - _____ EMAIL _____

PREFERRED METHOD OF CONTACT: PHONE EMAIL MAIL

DATE OF PROBLEM _____

LOCATION OF PROBLEM (ADDRESS OR STREET INTERSECTION) _____

CITY/TOWN _____

STATEMENT OF COMPLAINT OR REQUEST (SUCH AS MISSING CURB RAMP, NARROW SIDEWALK, ETC.)

WHAT ACTION ARE YOU REQUESTING? _____

PLEASE USE THE REVERSE SIDE OF THIS FORM OR SEPARATE SHEETS OF PAPER IF YOU WOULD LIKE TO PROVIDE ADDITIONAL INFORMATION, ATTACH A PHOTO AND/OR DRAW A SKETCH.



PLEASE SEND THIS FORM TO:

RIVERSIDE COUNTY TRANSPORTATION DEPARTMENT

Attention: Cathy Wampler, Transportation ADA Coordinator

3525 14th Street, Riverside, CA 92501

CWAMPLER@RCTLMA.ORG

Phone (951) 955-6803

FAX (951) 955-3164

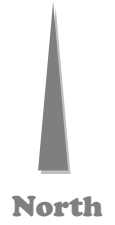
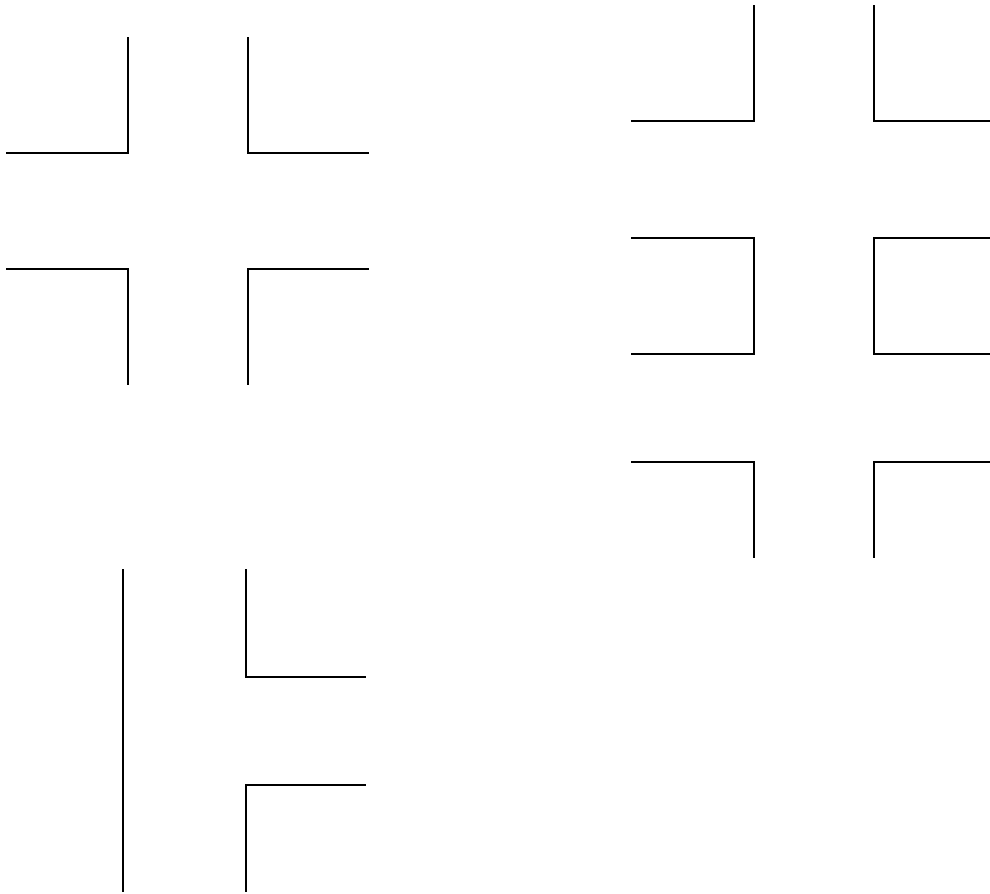
TTY: 711

Thank you for your feedback.

Our office will investigate your concern and contact you within 30 days.

To accommodate persons with disabilities, this form is available in alternate formats upon request.

YOU MAY USE ONE OF THESE SAMPLE MAP INTERSECTIONS.
BE SURE TO INDICATE STREET NAMES.



COMMENTS:
