

## SF Bay Ferry ADA Complaint Form

The San Francisco Bay Area Water Transportation Authority (SF Bay Ferry) is committed to ensuring that it complies with the Americans with Disabilities Act (ADA) and applicable implementing federal regulations. Any person who believes they have been discriminated against based on their disability in connection with SF Bay Ferry may file a written complaint using this form. SF Bay Ferry will respond to complaints postmarked or transmitted not more than 45 days of the incident that is the subject of the complaint. Please complete this form and submit it to:

ADA Coordinator  
San Francisco Bay Area Water Emergency Transportation Authority  
375 Beale Street, Suite 310  
San Francisco, CA 94105  
Fax: (415) 291-3388  
[customerservice@sanfranciscobayferry.com](mailto:customerservice@sanfranciscobayferry.com)

For additional assistance please contact the ADA Coordinator by calling (415) 291-3377 or 711.

SF Bay Ferry will complete the investigation and inform the complainant of its determination within 30 days of receipt of the written complaint. However, if the complaint does not have enough information to permit SF Bay Ferry to make a decision, or if SF Bay Ferry needs to make an extended factual inquiry to determine the facts of the matter, SF Bay Ferry may provide an interim response to the complainant, within 30 days of receiving the complaint, stating the reasons for needing additional time and informing the complainant of when SF Bay Ferry expects to issue a determination.

Your Name:	Phone:
Street Address:	Alt Phone:
	Email Address:

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

Please explain what happened and why you believe you were discriminated against. Include the name(s) and contact information of the person(s) who discriminated against you (if known) and name(s) and contact information of any witnesses. Please provide the route, vessel name, time of day, and direction of travel, if known. Attach additional sheets if necessary.

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Did you contact an SF Bay Ferry Complaints Resolution Official (CRO) regarding the incident? YES \_\_\_ NO \_\_\_

If YES, provide the name of the CRO and the date of the contact, if available, and enclose any written response received from the CRO.

Name: \_\_\_\_\_

Date of contact: \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: _____
Received By: _____

September 2025