Riding Public Transportation with a Disability

This fact sheet has general information. It is not intended as legal advice. Only an attorney can give you legal advice to help you with a problem, or answer a question.

Transportation Accessibility

The Utah Transit Authority (UTA) provides mass transportation in Utah through a bus system, TRAX light rail system, and FrontRunner commuter rail system. Many people with disabilities use the fixed-route bus system. If you need Paratransit (curb-to-curb) service because of your disability, read through our “Paratransit Travel (door-to-door transportation)” fact sheet, or visit http://www.rideuta.com/mc/?page=RidingUTA-Accessibility-ParatransitServices.

UTA’s Accessibility Obligation

UTA is required to comply with the Americans with Disabilities Act (ADA) of 1990 and the Department of Transportation’s regulation regarding riders with disabilities. The UTA buses and trains should always be 100% wheelchair accessible with lift-equipped or low-floor access. Riders with a disability may request assistance from the drivers in order to use the fixed-route bus service. If you need the UTA driver’s assistance, please make a specific request. For safety reasons, please make all requests prior to when the vehicle is in motion. UTA’s website rideuta.com provides information about accessibility, including “how to ride” tips that are grouped by type of disability.

Expressing a Complaint and/or Concern

If you encounter broken equipment, a driver who is unwilling to assist, or any other UTA accessibility problems, you may contact the Customer Concerns number at (801) 287-2667. If your specific ADA concern is not resolved through the Customer Concerns line, you may contact the UTA ADA Services Coordinator at (801) 287-3536 for additional assistance.

While it is often courteous to file a complaint with UTA first, you are not required to do so. You always have the right to file a Federal Transit Administration Office of Civil Rights Complaint at any stage of your concerns by filling out the complaint form provided with this fact sheet.
For More Information...

If you have further questions, or would like more information in general, please contact the Disability Law Center (DLC). Our services are offered statewide and free of charge. Materials are also available in alternative formats such as audio, large-print, Braille, and Spanish.

Call (800) 662-9080 or visit our office to speak confidentially with a Short Term Assistance Advocate. Office hours are Monday-Friday, 9:00 AM to 4:00 PM.

Disability Law Center
205 North 400 West
Salt Lake City, UT 84103
(800) 662-9080
disabilitylawcenter.org/contact
disabilitylawcenter.org/accessibility

This publication is funded in part by the U.S. Department of Health and Human Services, the Center for Mental Health Services, the U.S. Department of Education and the Social Security Administration. The contents of this publication are the sole responsibility of the authors and do not represent the official view of these agencies.
The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring of public transportation, which includes ensuring that providers properly implement Title II of the Americans with Disabilities Act of 1990 (the ADA), the Department of Transportation (DOT) ADA regulations, and Section 504 of the Rehabilitation Act of 1973.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible ADA deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.

Section I
Name: __________________________________________________________________________

Address: __________________________________________________________________________

Telephone Numbers: (Home) ______________________ (Work) _____________________________

E-Mail Address: ____________________________________________________________________

Accessible Format Requirements?  Large Print _______  Audio tape ______________________
TDD ___________  Other_______________________________________________________

Section II
Are you filing this complaint on your own behalf? Yes ____ No ____

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining: ________
____________________________________________________________

Please explain why you have filed for a third party. _________________________________________
__________________________________________________________________________________

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes ____ No ____

Section III
Have you previously filed an ADA complaint with FTA? Yes ____ No ____

If yes, what was your FTA Complaint Number? ____________________________________________

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]
Have you filed this complaint with any of the following agencies?
Transit Provider ____ Department of Transportation ___ Department of Justice___________________
Equal Employment Opportunity Commission ___ Other _____________________________________

Have you filed a lawsuit regarding this complaint? Yes_____ No____ If yes, please provide a copy of the complaint form.
[Note: This above information is helpful for administrative tracking purposes.]

Section IV
Name of public transit provider complaint is against: _______________________________________
Contact person: _________________________ Title: _______________________________________
Telephone number: __________________________________________________________________

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Section V
May we release a copy of your complaint to the transit provider? Yes ____ No ____
May we release your identity to the transit provider? Yes ____ No ____
Please sign here: _____________________________ Date: ______________________
[Note: We cannot accept your complaint without a signature.]

Please mail your completed form to:

Director, FTA Office of Civil Rights
East Building – 5th Floor, TCR
1200 New Jersey Ave., SE
Washington, DC 20590