

## Battle Creek Transit (BCT) ADA Complaint Form

The following information is necessary to assist us in processing and investigating your complaint. If you require assistance in completing this form, then please contact the ADA Coordinator at (269) 966-3588.

### **Section I:**

Name: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Alt. Tele. No.: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Electronic Mail (email) address: \_\_\_\_\_

### **Section II:**

Are you filing this complaint on your own behalf?  Yes\*  No

\*If you answered "yes" to this question, then skip to Section III.

If not, then 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:**

Name of the agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### **Section IV**

Which of the following best describes the complaint? (Check all that apply)

Disability  Reasonable Modification  Other

Date of Alleged Incident (month/day/year): \_\_\_\_\_

Witnesses (if applicable):

Name: \_\_\_\_\_ Contact Info.: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info.: \_\_\_\_\_

Explain as clearly as possible what happened and how you believe you were discriminated against or the complaint at hand. Describe all persons who were involved, and provide the names and title of all BCT employees involved, if possible. Be sure to include the names and contact information of any witnesses. If more space is needed, then please use the back of the form.

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**Section V:**

Have you filed this complaint with any other Federal, State, or local agency; or with any Federal or State court?  Yes  No

If yes, check all that apply:

Federal agency  Federal court  State agency  State court  Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint. I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature and date required below:

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**Signature**

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**Date**

**Please submit this form in person at the address below or mail this form to:**

**ADA Coordinator**

**Battle Creek Transit**

**339 West Michigan Avenue**

**Battle Creek, MI 49037-2313**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_