

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.

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:

Signature

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: _____