



BJCTA ADA/PARATRANSIT COMPLAINT FORM

Last Name		First Name	Middle Initial
Address			
City		State	Zip Code
Name of person(s) who allegedly discriminated against you, if known		Date of alleged incident	
		Location of alleged incident	

Type of alleged discrimination:	Fully identify any persons we may contact for additional information to support or clarify your allegations [name, address, telephone(s)]	What other information do you have which is relevant to an investigation of this complaint?
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Explain what happened and how you believe you were discriminated against (how you feel other persons were treated differently than you). Indicate who was involved and explain their role.

How can your issue(s) be resolved to your satisfaction?

SIGNATURE:	DATE
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INTAKE BY (Staff Representative):

If you are someone other than the complainant filling out this form, please provide your name, address and telephone number below:

Birmingham Jefferson County Transit Authority
1801 Morris Avenue
Birmingham, Alabama 35203
(205) 521-0101