

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?	
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:	DA	TE	
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