**Brazos Transit District** [www.btd.org](http://www.btd.org)

1759 N. Earl Rudder Frwy

 Bryan, Texas 77803

**ADA Complaint Form**

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| **Section I:**  |
| Name:       |
| Address:       |
| City:       | State:       | Zip:       |
| Electronic Mail Address:       |
| Home Phone Number with Area Code:       |
| Work Phone Number with Area Code:       |
| 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:** |
| Were you discriminated against because of:[ ]  Disability [ ]  Race [ ]  National Origin [ ]  Color [ ]  Other (Explain)       |
| Date of alleged incident: Select Date |
| Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed please use the back of this form.      |
| **Section IV:** |
| Have you previously filed a ADA complaint with this agency? | Yes [ ]  | No [ ]  |
| **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:       |
| Address:       |
| City:       | State:       | Zip:       |
| Phone Number with Area Code:       |
| **Section VI:** |
| Name of agency complaint is against:       |
| Contact Person:       | Title:       |
| Phone Number with Area Code:       |
| Bus Number:       | Route Number:       |

You may attach any written materials or other information that you think is relevant to your complaint.

Sign and Date Required Below.

[ ]  **I understand that checking this box constitutes a legal signature confirming that the information I have provided above is true and accurate.**

Signature:       Date: Select Date

**Please mail this form to: Brazos Transit District - 1759 N Earl Rudder Frwy - Bryan, Texas 77803**