



Brazos Transit District
 1759 N. Earl Rudder Frwy
 Bryan, Texas 77803

www.btd.org

ADA Complaint Form

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	<input type="checkbox"/>	Audio Tape	<input type="checkbox"/>
	TDD	<input type="checkbox"/>	Other	<input type="checkbox"/>
Section II:				
Are you filing this complaint on your own behalf?			Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*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 <input type="checkbox"/>	No <input type="checkbox"/>
Section III:				
Were you discriminated against because of:				
<input type="checkbox"/> Disability <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Color <input type="checkbox"/> Other (Explain)				
Date of alleged incident:				
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 <input type="checkbox"/>	No <input type="checkbox"/>
Section V:				
Have you filed this complaint with any other Federal, State, or Local Agency; or with any Federal or State court?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, check all that apply:				
<input type="checkbox"/> Federal agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State agency <input type="checkbox"/> State court <input type="checkbox"/> 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: _____

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