

City of Beloit

Beloit Transit System

ADA Complaint Form

July 2017

The City of Beloit (Beloit, Wisconsin) is a recipient of funding from the Federal Transit Administration (FTA).

Non-Discrimination Notice: All services, routes and accommodations on Beloit Transit System (BTS) are offered without regard to race, color or national origin, in accordance with Title VI of the Civil Rights Act of 1964. If you feel you have been discriminated against on the basis of race, color or national origin in the services offered by BTS, you have the right to submit a complaint to the BTS management and/or Federal Transit Administration. For more information call Beloit Transit at (608) 364-2870.

The FTA Office of Civil Rights is responsible for ensuring that providers of public transit properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program. In the FTA complaint investigation process, we analyze the complainant's allegations for possible deficiencies by the transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe.

Note: Apart from the form, *on separate pages*, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of disability:

(specify) _____

Section II

Name:

Street Address:

City:

State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

Large Print

Not Applicable

Other

Section III

Are you filing this complaint on your own behalf?

Yes

No

[If you answered "yes" to this question, go to Section IV.]

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 IV

Have you previously filed a ADA complaint with FTA? Yes No

If yes, what was your FTA Complaint Number?

Have you filed this complaint with any of the following agencies?

Transit Provider	Department of Transportation
Department of Justice	Commission Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? Yes No

If yes, please provide the case number and attach any related material.

Note: FTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue.

Section V

Name of public transit:

Contact person

Title

Telephone number

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes

No

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here: _____

Date: _____

Note: We cannot accept your complaint without a signature.