

ADA Complaint Form



Section I:	
Names:	
Address:	
Telephone (Home):	Telephone (Work):
Electronic Mail Address:	
Section II:	
Are you filing this complaint on your own behalf? (Circle one)	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 filing for:	
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:	
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include names and contact information of any witnesses, if known. If more space is needed, please use the back of this form, and/or a separate attached piece of paper(s).	

Please submit this form in person at the address below, or mail this form to:

Beloit Transit
 Attention: James Thompson
 RE: ADA Complaint
 1225 Willowbrook Rd
 Beloit, WI 53511