

ADA & TITLE VI CIVIL RIGHTS COMPLAINT FORM

For alleged discrimination involving race, color, national origin, disability, or ADA transportation requirements

Marcus Harrison, ADA & Title VI Coordinator
Big Bend Transit, Inc. • 2201 Eisenhower Street • Tallahassee, Florida 32302
Phone: 850-574-6266 • Email: mharrison@bigbendtransit.org

Please provide as much information as possible. You are not required to disclose a medical diagnosis or unnecessary medical information. If you need assistance completing this form, an alternative format, or another disability-related accommodation, contact the Coordinator above.

1. COMPLAINANT INFORMATION

Name	
Street Address	
City / State / ZIP	
Telephone	
Email	

Preferred contact method: ☐ Telephone ☐ Email ☐ Mail ☐ Other: _____

Are you filing on your own behalf? ☐ Yes ☐ No

If no, name of person represented: _____ Relationship: _____

2. TYPE / BASIS OF COMPLAINT

Check all that apply:

TITLE VI: ☐ Race ☐ Color ☐ National Origin

ADA: ☐ ADA / Disability Discrimination ☐ Failure to comply with an ADA transportation requirement

ADA issue, if applicable: ☐ Reasonable Modification ☐ Vehicle/Facility Accessibility ☐
Lift/Ramp/Securement

☐ Mobility Device ☐ Service Animal ☐ Stop Announcement/Route Identification ☐ ADA Complementary
Paratransit

☐ Other disability-related issue: _____

3. INCIDENT / TRIP INFORMATION

Date of Incident	
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Approximate Time	
Route / Service	
Vehicle Number (if known)	
Pickup Location	
Destination	
Location of Incident	
Employee / Driver Involved (if known)	

4. DESCRIPTION OF WHAT OCCURRED

Describe the incident and why you believe discrimination occurred or an ADA transportation requirement was not followed.

Additional pages may be attached.

5. WITNESSES

Were there witnesses? ☐ Yes ☐ No ☐ Unknown

Witness Name	
Telephone / Email	
Witness Name	
Telephone / Email	

6. SUPPORTING INFORMATION

Are you submitting photographs, correspondence, documents, witness statements, or other supporting material? ☐ Yes ☐ No

If yes, describe:

7. REQUESTED RESOLUTION OR CORRECTIVE ACTION

8. ACCESSIBILITY / COMMUNICATION ASSISTANCE

Do you need an alternative format, communication assistance, or another disability-related accommodation during this process? ☐ No ☐ Yes

If yes, describe the assistance requested:

You do not need to provide a medical diagnosis.

9. OTHER AGENCY FILING

Have you filed this complaint with another federal, state, or local agency? ☐ Yes ☐ No

Agency: _____ Date filed: _____

10. CERTIFICATION

I certify that the information provided in this complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Representative's Name (if applicable):

Relationship: _____ Signature: _____

Date: _____

SUBMITTING YOUR COMPLAINT

Complaints should generally be submitted within 180 calendar days of the alleged incident. Complaints may be submitted by mail, email, telephone, in person, or another accessible method. If a disability prevents you

from completing this written form, BBT staff will provide reasonable assistance and may document an oral complaint for you.

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