ADA Complaint Form

Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Jeffrey Burns, Transportation Planner, ADA Compliance Officer
5790 Casper Padgett Way, North Charleston South Carolina 29406
You may also call CARTA’s offices from 8:30 – 5:00 at 843-724-7420 or email jbums@bcdcog.com

Complainant’s Name:___________________________________________________________
Address:____________________________________________________________________
City:______________________________ State:____________ Zip Code:______________
Telephone (Home):_________________________ (Business):________________________

Person discriminated against (if other than complainant)
Name:________________________________________________________
Address:____________________________________________________________________
City:______________________________ State:____________ Zip Code:______________

Date of the incident resulting in discrimination:____________________________________

Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use the back of the form.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
ADA Complaint Form (continued)

Where did the incident take place? Please provide location, bus number, drivers name, etc.

Were there witnesses? Please provide their contact information.

Name: __________________________________________________________
Address: ________________________________________________________
City: __________________________ State: ________ Zip Code: __________
Telephone (Home):______________ (Business):_______________________

Name: __________________________________________________________
Address: ________________________________________________________
City: __________________________ State: ________ Zip Code: __________
Telephone (Home):______________ (Business):_______________________

Name: __________________________________________________________
Address: ________________________________________________________
City: __________________________ State: ________ Zip Code: __________
Telephone (Home):______________ (Business):_______________________

Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

(Check the appropriate space)    ☐ Yes ☐ No

If you answered yes, check each agency it was filed with:
☐ Federal Agency ☐ Federal Court ☐ State Agency
☐ State Court ☐ Local Agency ☐ Other

Provide contact person information for the agency you also filed the complaint with:
Name: __________________________________________________________
Address: ________________________________________________________
City: __________________________ State: ________ Zip Code: __________
Date Filed: ______________________

Sign the complaint in the space below. Attach any documents you believe supports your complaint.

_________________________________________             _______________________
Complainant’s Signature                        Signature Date