

Bay County Public Transit System

ADA Complaint Form

Title II of the Americans with Disabilities Act requires that the Bay County Public Transit System make transit facilities, programs and services accessible to persons with disabilities in accordance with the standards of the ADA. If you feel that you have not been able to access a transit facility, program or service because of a lack of accessibility or that you have been discriminated against because of your disability, you may file a written complaint with the Bay County Public Transit System.

Please provide the following information in order to process your complaint. Assistance is available upon request. The completed form must be returned to:

Bay County Public Transit System
919 West 11th Street Panama City, Florida 32401
Attn: Gene Keen, ADA Coordinator
Telephone (850) 215-7083
Or email Gene.Keen@firstgroup.com

Section I:		
Complainant(s) Name:		
Address:		
Telephone (Home):	Telephone (Work):	Email Address:
Section II:		
Complainant(s) Representative's Name:		
Relationship (e.g. friend, attorney, parent, etc.):		
Address:		
Telephone (Home):	Telephone (Work):	Email Address:
Section III:		
Type of alleged discrimination		

Date of Incident:	Time of Incident
Location where incident occurred:	
Name of person who allegedly subjected you to discrimination:	
Briefly describe the alleged incident (use separate sheet, if necessary):	
Section IV	
Did anyone else witness the incident? (If yes list witnesses) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness Name:	
Address:	
Telephone (Home):	

I hereby swear/affirm that the information that I have provided regarding this ADA Complaint is true and correct to the best of my knowledge, information and belief.

Complainant/Representatives Signature:

Date: