



112 MacTanly Place
Staunton, VA 24401

Phone: (540) 885-5174
Fax: (540) 885-2687

Americans with Disabilities (ADA) Complaint Form

BRITE Bus Transit Services

If you think you have been discriminated against on the basis of a disability or that you were excluded or denied service by BRITTE due to a disability, please fill out this form and send or email to: Ann Cundy, ADA Coordinator, 112 MacTanly Place, Staunton, VA 24401, 540-885-5174, ann@cspdc.org.

Section I:			
Name (Complainant):			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
Section II:			
Are you filing this complaint on your own behalf?		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 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 III:			
I believe the discrimination I experienced was based on:			
<input type="checkbox"/> Disability <input type="checkbox"/> ADA Accessibility <i>(If your complaint is regarding bus or bus stop accessibility, please fill out the back of this form)</i>			
Date of Alleged Discrimination (Month, Day, Year): _____			
Please describe the alleged discrimination incident. You may attach a separate sheet of paper if necessary. You should include all specific details that might assist in investigating the allegation. Please also provide any other documentation that is relevant to this complaint. Please list any person(s) we may contact for additional information to support or clarify your complaint.			



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Section IV
Your ADA accessibility complaint is regarding (check one): <input type="checkbox"/> Bus Stop <input type="checkbox"/> Landing Area <input type="checkbox"/> Bus Shelter <input type="checkbox"/> Bus <input type="checkbox"/> Other
Bus Stop Location:
Bus Stop Location:
What route(s) or destination(s) does the bus stop serve?
What is the direction of bus travel on that street?
Please include any other information that will help BRITE locate the bus stop:
Landing Area Issues:
Is there a landing area that can accommodate a customer using a mobility device?
If so, are there problems with the land area surface?
Describe any obstacles that would limit the mobility of a mobility device user:
Is the sidewalk or pathway leading up to the bus stop accessible for a person using a mobility device?
Passenger Shelter Issues:
Please describe the issue if your complaint is regarding Passenger Shelter accessibility.
Bus Accessibility Issues:
Bus Number (if applicable):
Please describe any accessibility issues you may have experienced (inoperable lift, securement apparatus, etc.).
Other:
If your complaint is something other than what is listed here, please explain:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature _____ Date _____