



**BAY METROPOLITAN TRANSPORTATION AUTHORITY
ADA COMPLAINT FORM**

State your name and address.

Name: _____ Phone: _____

Address: _____ City/State _____

- 1. You are filing this complaint because you feel there was discrimination in the delivery of services or discriminatory actions by BMTA in its treatment of you or others. Please indicate below what you believe these discriminatory actions were and your reason why you feel they were discriminatory (add more pages if needed).**

- 2. What is the most convenient time and place for us to contact you about this complaint?**

3. What remedy are you seeking for the alleged discrimination?

4. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below:

Signature

Date
