

ADA COMPLAINT FORM

Title 49: Transportation Part 27 states that “no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” If you feel you have been discriminated against, please provide the following information in order to assist us in processing your complaint and sent it to:

**Birnie Bus Service, Inc.
248 Otis Street, PO Box 630
Rome, NY 13442
ATTN: Safety Investigator**

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell) _____ (message)

Person discriminated against:

Address of person discriminated against:

City, State, Zip Code:

Please indicate why you believe the discrimination occurred:

What was the date of the alleged discrimination?

Where did the alleged discrimination take place?

Please describe the circumstances as you saw it:

Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Then date and sign this form.

Your signature

Print your name

Date