

BCDCOG

BERKELEY-CHARLESTON-DORCHESTER COUNCIL OF GOVERNMENTS



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:

BCD Council of Governments
Jeffrey Burns, Transportation Planner, ADA Compliance Officer
5790 Caster Padgett Way, North Charleston, SC 29406
You may also call NBCDCOG's offices from 8:30 – 5:00 at 843-529-0400 or email
jburns@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.

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

ADA Complaint Form (continued)

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

For Official Use Only

Date Complaint Received: _____

Referred to: _____

Date Referred: _____