



BAY METRO TRANSIT
ADA COMPLAINT FORM

MAIL COMPLETED FORM TO:
1510 N Johnson St, Bay City, MI, 48708
OR FAX TO 894-2621
ANY QUESTIONS: 894-2900 ext. 3717

1. NAME: _____

2. STREET ADDRESS: _____

3. CITY: _____ STATE: _____ ZIP: _____

4. TELEPHONE: (HOME): _____ (WORK): _____

(CELL): _____

5. Name of person(s) who allegedly discriminated against you, if known

6. Date of alleged incident: ____/____/____

7. Location of alleged incident:

8. Fully identify any person(s) we may contact for additional information to support or clarify your allegations [name, address, phone number(s)]

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the paper.

Date: / /