



## Macon-Bibb County Transit Authority

### ADA Complaint Form

In compliance with the Americans with Disabilities Act of 1990, the Macon-Bibb County Transit Authority operates all its programs and provides public transportation services without regard to disability. Anyone who believes that they have been subject to unlawful discriminatory practice due to a disability by Macon-Bibb County Transit Authority has the right to file an ADA complaint with the Macon Transit Authority Human Resource Department. The complaint must be filed within 180 days from the date of the alleged discrimination.

The information you provide helps us to process your complaint. If you need assistance to complete this form, please call Macon Transit Authority at (478) 621-7181. The completed form must be sent to Macon-Bibb Transit Authority, 2737 Broadway, Macon, GA 31206.

Name \_\_\_\_\_

Phone & Alternate Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Person(s) discriminated against (if other than complainant) \_\_\_\_\_

Phone/Email/Mailing Address \_\_\_\_\_

Please explain the alleged discrimination incident as accurately and briefly as possible and who you believe was responsible. Include name(s), date(s), and time(s). Provide the names of all Macon-Bibb County Transit Authority employees involved, if possible. Use the back of this form if additional space is needed.

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I affirm that I have read the above charge and that it is true to the best of my knowledge.

Complainant's Signature \_\_\_\_\_

Date \_\_\_\_\_