

**Transit Management of Beaumont  
Americans with Disabilities Act (ADA)  
Complaint Form**

**1. Contact Information:**

Salutation\_\_\_\_\_

Name\_\_\_\_\_

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

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

Telephone Number\_\_\_\_\_

Email Address\_\_\_\_\_

**2. Accessible Format Requirements:**

Large Print\_\_\_\_\_ TDD Relay\_\_\_\_\_ Audio Recording\_\_\_\_\_ Other\_\_\_\_\_

**3. Incident Details:**

Fixed Route Service\_\_\_\_\_ Paratransit Service\_\_\_\_\_

Date of Occurrence\_\_\_\_\_ Time of Occurrence\_\_\_\_\_

Name of Employee (s) and or Others Involved\_\_\_\_\_

Vehicle Number and/or Route\_\_\_\_\_

Direction of Travel\_\_\_\_\_

Location of Incident\_\_\_\_\_

Mobility Aid Used\_\_\_\_\_

If above information is unknown, then please provide other descriptive information in order to help identify the employee\_\_\_\_\_

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Description of Incident or Message\_\_\_\_\_

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**4. Follow-Up:**

May we contact you if we need more details? Yes\_\_\_\_\_No\_\_\_\_\_

What is the best way to reach you? Phone\_\_\_\_\_Email\_\_\_\_\_Mail\_\_\_\_\_

If phone call is preferred, what is the best day and time to reach you?

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**5. Desired Response:**

Email\_\_\_\_\_Phone\_\_\_\_\_Mail\_\_\_\_\_

ADA Compliance Contact

**Willa White**

*Director of Finance & HR*

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