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_____

_____

_____

_____

Description of Incident or Message_____

_____

_____

_____

_____

_____

_____

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?

_____

5. Desired Response:

Email_____Phone_____Mail_____

ADA Compliance Contact

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