AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

PLEASE PRINT CLEARLY

If information is needed in another language, please call 509.735.5100.

SECTION I

Today's Date:		
Name:		
Street Address:		
City:	State:	Zip Code:
Home Phone #:	Cell Phone #:	
Work Phone #:	Email:	

Do you require an accessible format?

☐ Large Print ☐ TTY/TDD ☐ Audio Tape ☐ Other _____

SECTION II

Are you filing this complaint on your own behalf?	☐ *Yes	☐ No

** If you answered "Yes" to this question, go to Section III.*

If not, please supply the name and relationship of the person for whom you are filing:

Name:	Relationship:	
Address of person discriminated against:		
City:	State:	Zip Code:
Have you obtained permission from this person?	☐ Yes	☐ No

Please explain why you have filed on behalf of this person: _____

SECTION III

If you believe you were discriminated against based on a disability, please provide details concerning the alleged discrimination.

Date of Alleged Discrimination (Month/Day/Year): _____ Time: _____

Type of Transit: ☐ Dial-A-Ride ☐ Fixed Route ☐ Other: _____

Transit Line/Route: _____ Vehicle ID or Name: _____ Location: _____

Name(s) of Employee(s) Involved: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Use an additional sheet if more space is needed.

What type of corrective action would you like to see taken? _____

SECTION IV

Have you previously filed an ADA complaint with BFT? ☐ Yes ☐ No

If Yes, BFT Contact Name: _____ Phone Number: _____

SECTION V

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?

☐ Yes ☐ No

If Yes, check all that apply:

☐ Federal agency: _____ ☐ Federal court: _____

☐ State agency: _____ ☐ State court: _____

☐ Local agency: _____ ☐ Local court: _____

Please provide contact information for the person you spoke to at the above agency:

Name:	Title:		
Agency:	Phone:		
Address:	City:	State:	Zip:

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date are required to file this complaint.

_____

Complainant's Signature Date

Please submit this form in person or by mail to:

Ben Franklin Transit
ADA Eligibility Coordinator
7109 W. Okanogan Place
Kennewick, WA 99336
509.734.5119

5/2025