

**BAC Transportation Program
ADA Complaint / Grievance Form**

Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Please provide a complete description of the specific complaint or grievance:

Please specify any location(s) related to the complaint or grievance (if applicable):

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Please do not contact me personally.

Signature: _____ Date: _____

Return to: Wendy Jones, Human Resources Administrator
BAC
1845 Cogswell Street
Rockledge, FL 32955

Upon request, reasonable accomodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact BAC Human Resources Administrator Wendy Jones at address above or at (321)632-8610 (voice/TTY) or via email at wjones@bacemploy.com.