BROWARD COUNTY FLORIDA

TRANSPORTATION DEPARTMENT

ADA COMPLAINT FORM

Section I (To be completed by complainant)

Who is filing the complaint?

[ ] Self [ ] Group/Organization/Agency [ ] Other (please specify)

Name: _____

Organization (if applicable): _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

How do you prefer to be contacted? [ ] Phone call [ ] Email [ ] Letter

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Section II

Are you filing this complaint on behalf of someone else? [ ] Yes [ ] No

If the answer is no, go to Section III. If yes, what is the name and your relationship of the person you are filing this complaint?

Name: _____ Relationship: _____

Section III- COMPLAINT

If applicable: Bus Number _____ Route/route number: _____

Route direction: _____ Date/Time: _____

Location: _____

Description of incident:

_____

_____

_____

_____

Email completed form to bctadacomments@broward.org.