

Please use this form to file a complaint based on disability in the provision of services, activities, programs or benefits.

Please submit this form to Jill Ohnesorge, Bond County Transit, 1001 E. Harris Ave., Greenville, IL 62246 (mailing address) or 102 W. Bowman, Greenville, IL 62246 (physical address).

**COMPLAINANT INFORMATION**

Name:

Home Phone:

Home Address:

Email:

1. Your claim is made against:

State Agency:

Name:

Title:

Address:

Phone:

2. Location(s) and date(s) of the circumstances giving rise to your complaint:

Are the circumstances of your complaint continuing?

Yes    No

