

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 Melissa Marti, 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

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- This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ ADA Coordinator ☐ Complainant

SIGNATURE: _____ DATE: _____