

# CARTA

CHARLESTON AREA REGIONAL TRANSPORTATION AUTHORITY

## ADA Complaint Form

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Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Jeffrey Burns, Transportation Planner, ADA Compliance Officer  
5790 Casper Padgett Way, North Charleston South Carolina 29406  
You may also call CARTA's offices from 8:30 – 5:00 at 843-724-7420 or email [jburns@bcdco.com](mailto:jburns@bcdco.com)

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Person discriminated against (if other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of the incident resulting in discrimination: \_\_\_\_\_

Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use the back of the form.

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# ADA Complaint Form (continued)

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Where did the incident take place? Please provide location, bus number, drivers name, etc. \_\_\_\_\_

Were there witnesses? Please provide their contact information.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

(Check the appropriate space)       Yes  No

If you answered yes, check each agency it was filed with:

Federal Agency     Federal Court     State Agency  
 State Court         Local Agency     Other

Provide contact person information for the agency you also filed the complaint with:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date Filed: \_\_\_\_\_

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Sign the complaint in the space below. Attach any documents you believe supports your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Signature Date