Beaufort County Developmental Center, Inc.

dba Beaufort Area Transit System

Americans with Disabilities Act (ADA) Complaint Form

Please use this form to file a complaint based on a disability in the provision of service, activities, programs, or benefits provided the Beaufort County Developmental Center, Inc., dba Beaufort Area Transit System.

Elena Cameron

Beaufort County Developmental Center, Inc.

PO Box 518

Washington, NC  27889

ecameron@bcdcsolutions.org

Complainant Information

|  |  |
| --- | --- |
| Name | Phone |
| Email |
| Address |

Please describe the alleged denial of services, activities, programs, or benefits and your reason(s) for concluding that the conduct was discriminatory.  Please include the name(s) of witnesses, if any, and attach supporting data, if available.  Please attach additional pages, if needed.

|  |
| --- |
| Complaint Circumstances |

Have you filed a claim regarding this complaint with a federal, state, or local government agency?  Yes\_\_\_\_\_  No\_\_\_\_\_

Have you hired an attorney with respect to the allegations in this complaint?  Yes \_\_\_\_   No \_\_\_\_

Have you instituted legal actions regarding this complaint?  Yes \_\_\_\_\_  No \_\_\_\_\_

This complaint form was completed by:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_