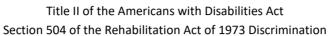
## City of Bowling Green, KY Transit Department

## **ADA COMPLAINT**

December 10, 2021



## **Complaint Form**

Please fill complete all applicable portions of the form, sign, and return to:

Address 304 E 11th Ave. Suite 2, Bowling Green, KY 42101

Email	robert.gil@ratpdev.com								
FAX	(270) 393-3	) 393-3695							
Computation of the form of the control of the contr									
Complainant Information									
Complainant Name									
	ı								
Address									
City		St	tate		Zip				
Home Phone		Ce	Cell Phone						
Email Ad	ldress			<u> </u>					
Person Discriminated Against (If Other Than Complainant):									
Consumer Name									
Address									
City		St	tate		Zip				
Home Ph	none:	Ce	ell Phone						
Government, Organization or Institution Which You Believe Has Committed A Discriminating Act:									
Organization Name									
Address	1								
Address									
City		St	tate		Zip				
J. 5,					٦.١٦				
Email ad	dress								
When did the discrimination occur?									
Date		-	Time	2					
	1			1					



## City of Bowling Green, KY **Transit Department**



		ADA COMPLAINT Narrative of Event(s)	Tonsi
		Native of Event(s)	
Has the compliant ben file agency or court? Check or		ment of Justice or any other fo	ederal, state, or local civil rights
Yes	No	If yes, Please provide	the following Information:
Agency or Court:			
Contact Person:			
Phone Number:			
Address:			
City, State, and Zip:			
<u> </u>			
Signati	ure of individual fil	ing Complaint	Date