

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



**ADA COMPLAINT**

December 10, 2021

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

**Complaint Form**

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

<b>Address</b>	304 E 11th Ave. Suite 2, Bowling Green, KY 42101
<b>Email</b>	<a href="mailto:robert.gil@ratpdev.com">robert.gil@ratpdev.com</a>
<b>FAX</b>	(270) 393-3695

Complainant Information				
Complainant Name				
Address				
City		State		Zip
Home Phone		Cell Phone		
Email Address				
Person Discriminated Against (If Other Than Complainant):				
Consumer Name				
Address				
City		State		Zip
Home Phone:		Cell Phone		
Government, Organization or Institution Which You Believe Has Committed A Discriminating Act:				
Organization Name				
Address				
City		State		Zip
Email address				
When did the discrimination occur?				
Date		Time		

