



**Butte County Association of Governments / Butte Regional Transit (B-Line)
 Title II of the American with Disabilities Act
 Section 504 of the Rehabilitation Act of 1973**

Formal Written Discrimination Complaint Form

Instructions: Fill out this form completely and legibly. Print in blue or black ink or type answers requested. Provide attachments or additional documentation as desired. Sign and return the completed form to the address on Page 3.

Date of Request / Form Completion:	
Complainant / Reporting Individual:	
Mailing Address (Street or P.O. Box):	
City / State / Zip Code:	
Best Contact Phone Number:	
Best Contact Email:	
Person Completing This Form: <i>(if other than complainant)</i>	
Best Contact Phone:	
Best Contact Email:	
Relationship/Title/Position/Business:	
Person Discriminated Against: <i>(if other than complainant)</i>	
Mailing Address (Street or PO Box):	
City / State / Zip Code:	
Best Contact Phone Number:	
Best Contact Email:	
Please provide information about the government entity, or organization, or institution which you believe has discriminated against you or another individual.	
Name:	
Physical or Mailing Address:	
County:	
Phone Number:	
Contact Email or Web Address:	



Description of Discriminatory Incident

Date that the discrimination incident occurred:	
Program / Facility alleged to be inaccessible, if applicable:	
Describe the acts of discrimination that occurred, the situation or event, or the way in which the program, service or facility is not accessible. Include, where possible, names or descriptions of the individuals involved in the situation. Please attach additional pages to this form if needed to describe this incident, as well as any additional documentation or photographs in support of the complaint.	
Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution, including through the Request for Accommodation with the agency ADA coordinator?	Yes_____ No_____
If yes, what were the results or what is the status of the grievance?	

Other Agency Filing Status / Suggested Resolution

Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?	Yes_____ No_____
<i>If yes, please complete the following section.</i>	
Agency / Court Name:	
Contact Person:	
Agency / Court Address:	
Agency / Court Phone Number:	
Date of Filing with Agency / Court:	
 	
Do you intend to file regarding this incident with another agency / court?	Yes_____ No_____
Agency / Court Name:	
Contact Person:	
Agency / Court Address:	
Agency / Court Phone Number:	
Date of Filing with Agency / Court:	
 	
How do you suggest this issue be resolved?	
 	
Signature of Complainant:	
Date Signed:	
Signature of representative or person completing form (if applicable):	
Date Signed:	

Please send the completed form to:

Amy White, ADA Coordinator
BCAG / Butte Regional Transit (B-Line)

U.S. Mail: 326 Huss Drive, Suite 150
Chico, CA 95928

Email: awhite@bcag.org

Fax: (530) 879-2444

For more information or assistance in submitting this form, please contact the ADA Coordinator at (530) 809-4616, Extension 1135 or at the above email address.