



ADA COMPLAINT FORM

Section I (To be completed by complainant)

Who is filing the complaint?

Self Group/Organization/Agency Other (please specify)

Name: _____

Organization (if applicable): _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

How do you prefer to be contacted? Phone call Email Letter

Section II

Are you filing this complaint on behalf of someone else? Yes No

If the answer is no, go to Section III. If yes, what is the name and your relationship of the person you are filing this complaint?

Name: _____ Relationship: _____

Section III- COMPLAINT

If applicable: Bus Number _____ Route/route number: _____

Route direction: _____ Date/Time: _____

Location: _____

Description:

You may submit this completed form to:

1. Email to Edie Biro - ebiro@volusia.org
2. Mail to: Votran
Attn: Edie Biro, ADA Coordinator
950 Big Tree Rd
South Daytona FL 32119
3. Fax to: 386-756-7487 - Attn: Edie Biro