



Basin Transit Service

Klamath Falls, Oregon

ADA Complaint Form

In accordance with the Americans with Disabilities Act (ADA)

Section I: Complainant Information

Full Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Preferred Method of Contact:

☐ Phone ☐ Email ☐ Mail

Section II: Incident Information

Date of Incident:

Time of Incident:

Location (Stop, Bus Number, Route, etc.):

Name(s) of employee(s) involved, if known:

Description of the Incident and How It Violated ADA Requirements:
(Please include as much detail as possible)

Section III: Requested Action

What action or resolution are you seeking?

Section IV: Witness Information (if applicable)

Name of Witness:

Contact Information:

Brief Description of What the Witness Observed:

Section V: Signature

Complainant Signature:

Date:

Submission Instructions:

Please submit this completed form via one of the following methods:

Mail:

Basin Transit Service
1130 Adams St Klamath Falls, OR 97601

Email: basintransit.com

For questions or assistance with this form, call: Basin Transit Service 541-883-2877