

ADA Complaint Form

Please use this form for submitting an ADA complaint. You may also call us at 803-255-7129 or contact us by email at aprince@thecometsc.gov or US Postal Mail at 3613 Lucius Road, Columbia, SC 29201.

SECTION I: CONTACT INFORMATION				
Salutation [Mr./Mrs./Ms., etc.]:				
Name:				
Street Address:				
City, State, Zip code:				
Phone:		Email:		
Accessible Format Requirements:	Large Print__	TDD/Relay__	Audio Recording__	Other_____
SECTION II: COMPLAINT DETAILS				
Transit Service (Choose One) [as applicable] [Bus/Paratransit]				
Date of Occurrence:		Time of Occurrence:		
Name/ID of Employee(s) or Others Involved:				
Vehicle ID/Route Name or Number:				
Direction of Travel:				
Location of Incident:				
Description of Incident: (Please use extra sheets if more spacing is needed)				
SECTION III: FOLLOW UP				
May we contact you if we need more details or information?		Yes	No	
What is the best way to reach you? (Choose One)	Phone	Email	Mail	
If a phone call is preferred, what is the best day and time to reach you?				