



Complaint Form

Section I				
Name				
Street Address				
City		State		Zip Code
Telephone (Home)			Telephone (Work)	
Email Address				

Section II	
Are you filing this complaint on your own behalf?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
* If you answered "yes" to this question, please proceed to Section III.	
If not, please supply the name and relationship of the person for whom you are complaining:	
Please explain why you have filed for a third party:	
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section III
Please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint. You may attach additional sheets as necessary.

Section IV			
Is this complaint related to the Americans with Disabilities Act (ADA)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you filed this complaint with any other Federal, State or Local Agency? Please check all that apply.			
Department of Transportation <input type="checkbox"/> Federal Transit Administration <input type="checkbox"/> U.S. Department of Justice <input type="checkbox"/> Equal Employment Opportunity Commission <input type="checkbox"/> Other (please provide Agency Names) <input type="checkbox"/>			
If you have filed this complaint with any other agency, please complete the following:			
Agency Name	Contact Person	Phone Number	Email Address

Please submit this form in person, or mail to the address below:

Fayetteville Area System of Transit (FAST), Attn: FAST Complaints, 455 Grove Street, Fayetteville, NC 28301

If you require assistance in completing this form, you may call us at (910) 433-1747 (Option 4) or email FAST@ci.fay.nc.us to request an appointment.