



Disability-Based Complaint Form

Please complete this form to file a disability-based complaint with Citrus County Transit. Submit the completed form to Carlton Hall, ADA Coordinator Carlton.hall@citrusbocc.com, via mail to Carlton Hall, ADA Coordinator, 3600 W. Sovereign Path, Suite 212. Lecanto, FL, 34461.

Name:	
Today's Date:	
Phone:	
Email Address:	
Date & Time of Incident:	

Description of Complaint:
Location of Incident (CCT staff names, bus number, bus stop, and/or address):
If similar incidents have occurred previously, please provide any available details (names, dates, times, locations):