

Area Transportation Authority of North Central Pennsylvania

ADA Complaint Form

The Area Transportation Authority of North Central Pennsylvania is committed to ensuring that no person denied the benefits of its services on the basis of disability, as provided by the **Americans with Disabilities Act of 1990** or **ADA ([42 U.S.C. § 12101](#)) 4**, as amended, and subsequent legislation, amendments, and regulations.

If you believe you have been discriminated against on the basis of disability, please complete, sign and send this form within 180 days from the date of the alleged discrimination.

If you require any assistance in completing this form, please contact the **ATA CUSTOMER SERVICE DEPARTMENT** by calling **1.866.282.4968**.

PLEASE PRINT CLEARLY

Name of Individual Filing Complaint	Primary Phone Number: () _____ - _____
Street Address:	Alternate Phone Number: () _____ - _____
City, State, Zip:	Email Address:
Check type of discrimination <div style="text-align: center;">Disability _____</div>	
At your option provide additional detail about your disability if this is helpful. Use a separate sheet of paper if more space is needed. <div style="text-align: center;">(MORE)</div>	

Are you filing this complaint on your own behalf? Yes _____ No _____

If no, please provide the name and relationship of the person on whose behalf you are filing.

Name: _____

Relationship: _____

Have you filed this complaint with another agency? Yes _____ No _____

If yes, please identify agency and address and Complaint Number (if applicable)

Agency: _____

Address: _____

City, State, Zip: _____

Complaint No.: _____

Please attach a copy of the complaint form filed. This information is helpful for administrative tracking purposes.

Location where incident occurred:	Date of Incident	Time of Incident:
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Please describe what happened and all persons whom you feel are responsible. Use a separate sheet of paper if more space is needed.

(MORE)

Did anyone else witness the incident? Yes _____ No _____
If yes, please complete information below (if more space is needed, please list on separate sheet)

Witness Name: _____
Address: _____
City, State, Zip: _____ Telephone No. (_____) _____
Email Address: _____

Witness Name: _____
Address: _____
City, State, Zip: _____ Telephone No. (_____) _____
Email Address: _____

AFFIRMATION

I hereby swear/affirm that the information provided in this Complaint Form is true and correct to the best of my knowledge, information and belief.

Signature of Person Who Feels He/She Has Been Discriminated Against Date

Signature of Person Completing This Form If Other Than Person Above Date

This section is to be completed by ATA ADA Compliance Officer

Date Complaint Received: _____

Date Investigation Completed: _____

Accepted for Investigation on: _____

Departments complaint referred to: _____

Rejected for investigation on: _____

Reason: _____

(MORE)

The completed form must be sent to the following address within 180 days of alleged incident:

ADA Compliance Complaint
ATA CUSTOMER SERVICE DEPARTMENT
Area Transportation Authority of North Central Pennsylvania
44 Transportation Center
Johnsonburg, PA 15845-2102

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