

Area Transportation Authority of North Central Pennsylvania

Title VI Complaint Form

The Area Transportation Authority of North Central Pennsylvania is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by *Title VI of the Civil Rights Act of 1964*, as amended.

If you believe you have been discriminated against, 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:
List type of discrimination (please check all that apply): <div style="display: flex; justify-content: space-around; text-align: center;"> Race _____ Color _____ National Origin _____ </div>	
Please indicate your race and/or color, only if it is a basis of your complaint:	Please describe your national origin, only if it is a basis of your complaint:
<p>Are you filing this complaint on your own behalf? Yes _____ No _____</p> <p>If no, please provide the name and relationship of the person on whose behalf you are filing.</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>_____</p>	

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.

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 Title VI Compliance Officer

Date Complaint Received:

Date Investigation Completed:

Accepted for Investigation on: _____

Departments complaint referred to: _____

Rejected for investigation on: _____

Reason: _____

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

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



You may also file this complaint with the U.S. Federal Transportation Administration (FTA).
If you file with FTA you must do so within 180 days of the alleged incident to this address:

Office of Civil Rights
FEDERAL TRANSIT ADMINISTRATION
1200 New Jersey Avenue, SE
Washington, DC 20290