

**Indiana County Transit Authority
ADA Complaint Form**

IndiGO prohibits discrimination in all of its programs and services on the basis of a disability. If you feel you have been discriminated against because of a disability, please provide the following information in order to assist us in processing your complaint.

Please submit your complaint to:

ADA Administrator

Indiana County Transit Authority

PO BOX 869

Indiana PA 15701

Please print clearly.

Section I:

Name:

Address:

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Cell): _____

Accessible Format Requirements: Large Print TDD Audio Tape Other:

Section II:

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

*If you answered "yes" to this question, go to Section III.

Please supply the name and relationship of the person you are completing the complaint form for:

Name: _____ Relationship: _____

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 No

Section III:

Date of Incident (MM/DD/YYYY): _____ Time of Incident: _____

Location of Incident:

Transit Service (Fixed route /Paratransit /Other): _____

Route Name/Number: _____

Vehicle Number: _____

Direction of Travel: Inbound Outbound

Mobility Aid Used (if any):

Provide the name of the person(s) who discriminated against you. If unknown, please provide descriptive information to help identify the employee.

Please explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use a separate sheet of paper.

Please list the names and contact information for any and all witnesses.

Section IV:

Have you previously filed an ADA complaint with IndiGO? Yes No

Have you filed a complaint with a Federal, State or local agency, or with any Federal or State court? Yes No

If yes, check all that apply:

Federal agency Federal court State agency State court Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name and Title:

Agency:

Address:

City, State and Zip Code:

Telephone Number:

Section V:

You may attach any written materials or other information that you think is relevant to your complaint.

I affirm that I have read the above and that the information is true to the best of my knowledge and belief. **Signature and date required.**

Signature Date