

# Cambria County Transit Authority ADA Complaint Form

CamTran 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**  
**Cambria County Transit Authority**  
**1226 North Center Street**  
**Ebensburg, PA 15931**

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/Reserve-a-Ride/Paratransit/Inclined Plane/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.

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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.

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

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**Section IV:**

Have you previously filed an ADA complaint with CamTran?  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