

**AREA TRANSPORTATION AUTHORITY OF NORTH CENTRAL PENNSYLVANIA**  
**ADA Complaint Procedure**

Any person who believes she or he has been discriminated against on the basis of disability by the **AREA TRANSPORTATION AUTHORITY OF NORTH CENTRAL PENNSYLVANIA** may file a complaint by completing and submitting the Area Transportation Authority of North Central Pennsylvania's ADA Complaint Form.

The **AREA TRANSPORTATION AUTHORITY OF NORTH CENTRAL PENNSYLVANIA** investigates complaints received no more than 90 days after the alleged incident. The **AREA TRANSPORTATION AUTHORITY OF NORTH CENTRAL PENNSYLVANIA** will process complaints that are complete.

Complaints may be made through the ATA Customer Service at 866-282-4968, via email at [customerservice@rideata.com](mailto:customerservice@rideata.com), or via mail using the ADA Complaint form set to:

ATA CUSTOMER SERVICE  
44 Transportation Center  
Johnsonburg, PA 15845-2102

Once the complaint is received, the **AREA TRANSPORTATION AUTHORITY OF NORTH CENTRAL PENNSYLVANIA** will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The **AREA TRANSPORTATION AUTHORITY OF NORTH CENTRAL PENNSYLVANIA** has 10 days to investigate the complaint. If more information is needed to resolve the case, the **AREA TRANSPORTATION AUTHORITY OF NORTH CENTRAL PENNSYLVANIA** may contact the complainant.

The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the **AREA TRANSPORTATION AUTHORITY OF NORTH CENTRAL PENNSYLVANIA** can administratively close the case. The case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not an ADA violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, she/he has 30 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact 1-866-282-4968

## ADA Complaint Form

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability.

If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint:

Please print CLEARLY:

<b>Section I:</b>	
Name:	
Address:	
City, State, Zip Code:	
Telephone Number: (home)	(cell)
Accessible Format Requirements? Large Print TDD Audio Tape	
Other:	

<b>Section II:</b>	
Are you filing this complaint on your own behalf? YES* NO	
If you answered YES to this question-go to <b>Section III</b>	
If not, please supply the name and relationship of the person for whom you are complaining:	
Please explain why you have filed for a third party:	
Please confirm you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:	

<b>Section III:</b>	
I believe the discrimination I experienced was based on (check all that apply):	
disability	
What was the date of the alleged discrimination (Month, Day, Year)?	
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form:	

<b>Section IV:</b>	
Have you previously filed an ADA complaint with this agency?	


<b>Section V:</b>
Have you filed an ADA complaint with any other 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 Court: _____
State Agency: _____
Local Agency: _____
Please provide information about a contact person at the agency/court where the complaint was filed.
Name: _____
Title: _____
Agency: _____
Address: _____
Phone: _____

<b>Section VI:</b>
Name of agency complaint is against: _____
Contact person: _____
Title: _____
Phone: _____

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

Signature and date required below:

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Print your name

Please submit this form in person at the address below, or mail this form to:

**ADA Compliance Officer**  
**Area Transportation Authority of North Central Pennsylvania**  
**44 Transportation Center**  
**Johnsonburg, PA 15845**