

ADA Complaint Form

LCTA is committed to ensuring that our implementation of public transportation services is fully compliant with Title II of the American Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Any person who believes there may be either a(n): 1) **ACCESSIBILITY ISSUE** (e.g., physical barriers) or

2) **DISCRIMINATION BASED ON DISABILITY** may file a signed, written ADA complaint with LCTA.

Please mail or deliver this form to: Luzerne County Transportation Authority, Attn: Director of Administrative Services, 315 Northampton Street, Kingston, PA 18704.

SECTION 1: BASIC INFORMATION OF COMPLAINANT

PERSON SUBMITTING COMPLAINANT INFORMATION	COMPLAINTANT'S INFORMATION (only if different than the person submitting the complaint)
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone Number:	Telephone Number:
Email Address:	Email Address:

SECTION 2: INCIDENT DETAILS

	ACCESSIBILITY COMPLAINT	DIS	CRIMINATION BASED ON DISABILITY COMPLAINT
1)	Date, if any, when accessibility issue occurred?	1)	Date of alleged discrimination based on disability?
2)	Location of Accessibility Issue:	2)	Have you filed this complaint with any other federal, state or local agency; or with any federal
	Bus/Trolley Station?		or state court? NO? YES?
	Bus/Trolley Stop?	3)	If yes, please provide the contact information for the agency/court where the complaint was filed?
	Bus/Trolley Route or Number?		Agency/Court Name?
	Other?		
3)	Describe in detail the incident below in SECTION 3.		Telephone Number?
		4)	If yes, please provide the applicable complaint number, if known.
		5)	Describe in detail the incident below in SECTION 3.

SECTION 3: EVENT DETAILS

ACCESSIBILITY ISSUE: If there is an accessible issue, please explain how, when, where, and why you believe LCTA is not accessible to persons with disabilities. You may attach additional pages if additional space is required. You may also attach any written materials or other information that you think is relevant to your complaint.

whom you believe was responsible. Provide all details, pertinent facts and circumstances surrounding the alleged discrimination that will help LCTA investigate your complaint. Specific details includes: dates, times, route numbers, bus numbers and location. You may attach additional pages if additional space is required. You may also attach any written materials or other information that you think is relevant to your complaint.				
This complaint statement must be signed and dated in order to addre your consent to disclose your name, if necessary, in the course of you another person, our office will also need this person's consent to disc	r inquiry. If you are filing a complaint on behalf of			
I certify that to the best of my knowledge the information I have provide have described them. As a complainant, I also understand that if I indices signature below authorizes the named individual to receive copies of reaccompany me during the investigation	cated I will be assisted by and advisor on this form. My			

COMPLAINT CONSENT/RELEASE FORM

As a complainant, I understand that in the course of an investigation it may become necessary to reveal my identity to persons at the organization. I am also aware of the obligations of LCTA to honor requests under the Freedom of Information Act. I understand that it may be necessary for LCTA to disclose information, including personally identifying details, which it has gathered as part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by LCTA policies and practices from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations which are enforced by the Transit Administration of the U.S. Department of Transportation.

Please check one:	
□ I CONSENT and authorize to have LCTA, as part of its investigatio organization. I also authorize LCTA to discuss, receive and review nappropriate administrators or witnesses for the purpose of investig understand the information at the beginning of this form. I unders release and do so voluntarily.	naterials and information about me with atting this complaint. In doing so, I have read and
□ I DENY CONSENT to have LCTA reveal my identity to persons at the consent to have LCTA disclose any information contained in this contains this complaint. In doing so, I understand that I am NOT authorizing and information about me from the same. In doing so, I have read of this form. I further understand that my decision to deny consent the unsuccessful resolution of my case.	mplaint with any witnesses I have mentioned in LCTA to discuss, receive nor review any materials and understand the information at the beginning
Name (print)	_
Signature	