



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

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

SECTION 2: INCIDENT DETAILS

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

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 investigation, reveal my identity to persons at the organization. I also authorize LCTA to discuss, receive and review materials and information about me with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I understand that I am not required to authorize this release and do so voluntarily.

I DENY CONSENT to have LCTA reveal my identity to persons at the organization under investigation. I also deny consent to have LCTA disclose any information contained in this complaint with any witnesses I have mentioned in this complaint. In doing so, I understand that I am NOT authorizing LCTA to discuss, receive nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

Name (print)

Signature

Date