

Greene County Transportation

ADA Complaint Form

Greene County Transportation 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**

**Greene County Transportation**

**190 Jefferson Road**

**Waynesburg, Pa. 15370**

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 for 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 Greene County Transportation?  Yes  No

Have you filed a complaint with a Federal, State or local agency, or with 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:

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Agency:

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Address:

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City, State and Zip Code:

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Telephone Number:

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**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.**

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**Signature**

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**Date**