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
502 Maple Avenue
Johnstown, PA 15901

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.

______________________________________________________________________________

______________________________________________________________________________

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 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