Indiana County Transit Authority
ADA Complaint Form

IndiGO 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
Indiana County Transit Authority
PO BOX 869
Indiana PA 15701

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 /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 list the names and contact information for any and all witnesses.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Section IV:
Have you previously filed an ADA complaint with IndiGO? [ ] 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