

## ADA and Title VI Complaint Form

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, business facilities, transportation, and telecommunications. To be protected by the ADA, one must have a disability or have a relationship or association with a person with a disability. Title VI of the Civil Rights Act of 1964 requires that "No person in the United States, on the basis of race, color, or national origin, shall be excluded from participation, denied benefits, or discriminated against under any no program. or activity that receives federal financial assistance. If you believe you have been discriminated against in transit services, please provide the following information to help us process your complaint:

Please print clearly:

<b>Section I :</b>
Name:
Address:
City State Zip Code:
Telephone number: ( home) (cell)
Accessible format requirements? TDD audiotape with large print
Other:

<b>Section II:</b>
Are you filing this complaint on your own behalf?
If you answered YES to this question, please skip to <b>Section III</b>
Otherwise, please provide the name and relationship of the person you are complaining about:
Explain why you have applied to a third party:
Confirm that you have obtained the aggrieved party's permission if filing on behalf of a third party:

<b>Section III:</b>
I believe the discrimination I experienced was based on (check all that apply):
disability    race**    color**    National Origin**
What was the date of the alleged discrimination (month, day, year)?
Explain as clearly as possible what happened and why you think you were discriminated against. Describe all the people who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as the names and contact information of any witnesses. If you need more space, please use the back of this form:

<b>Section IV:</b>
Have you previously filed an ADA or Title VI complaint with this agency?

<b>Section V:</b>
Have you filed an ADA or Title VI complaint with any other federal, state, or local agency, or with any federal or state court?
If yes, check all that apply:
Federal Agency: _____
Federal Court: _____
State Court: _____
State Agency: _____
Local Agency: _____
Provide information about a contact person at the agency/court where the complaint was filed.
Name: _____
Title: _____
Agency: _____
Direction: _____
Telephone: _____

<b>Section VI:</b>
VOAPA
Contact person: _____
Title: _____
Telephone: _____

\*\* Indicates specific to Title VI of the Civil Rights Act of 1964

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

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\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
print your name

Submit this form in person to the following address, or mail this form to:  
VOAPA Transportation Coordinator  
**100 Wilkes-Barre Boulevard**  
**Suite 411**  
**Wilkes Barre, Pennsylvania 18702**