



**CENTRAL PENNSYLVANIA TRANSPORTATION AUTHORITY  
AMERICANS WITH DISABILITIES (ADA) COMPLAINT FORM**

CPTA prohibits discrimination in all of its programs and services based on a disability. If you feel you have been discriminated against due to your disability, please provide the following information in order to assist us in processing your complaint. Please call for our ADA complaint process or visit our website at [www.rabbittransit.org](http://www.rabbittransit.org)

If you feel you have been discriminated against in transit services, please print and complete the following form, sign (signature in Section 4 required) and return to:

**rabbittransit (Central Pennsylvania Transportation Authority)**  
**ATTN: Jamie Leonard, CPTA Compliance Officer**  
**415 Zarfoss Drive**  
**York, PA 17404**  
**Telephone - (717) 846-5562**  
**Fax - (717) 846-1232**

**Section I:**

Please print CLEARLY

1. Name (Complainant):

\_\_\_\_\_

2. Home Address:

\_\_\_\_\_

City, State, Zip Code:

\_\_\_\_\_

3. Telephone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

**Section 2:**

1. Are you filing this complaint on your own behalf?  Yes  No  
(If you answered "yes" to this question, please go to Section III.)

2. If you answered "no" to question 6, please describe your relationship to the person (Complainant) for whom you are filing and why you are filing for a third party:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on his or her behalf?  Yes  No

### Section 3:

1. Date of Incident: \_\_\_\_\_

2. If applicable, name of person(s) who allegedly discriminated against you:  
\_\_\_\_\_

3. Please identify what transit service this occurred on:  Fixed Route  Paratransit  EXPRESS  
 Other, please describe \_\_\_\_\_

4. Please provide a brief explanation of the incident and how you feel you were discriminated against including how you feel others may have been treated differently than you.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please list addresses and phone numbers of all witnesses' names or others we can contact to support or clarify your complaint.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

6. What type of corrective action would you like to see taken?  
\_\_\_\_\_  
\_\_\_\_\_

7. Please attach any documents you have which support the allegation. Attached  Yes  No

8. Have you previously filed an ADA complaint with Central Pennsylvania Transportation Authority?  
 Yes  No If yes, please provide date of incident. \_\_\_\_\_

### Section 4:

Signature: \_\_\_\_\_ Date of Filing: \_\_\_\_\_

Print your name: \_\_\_\_\_

**Please note: Central Pennsylvania Transportation Authority cannot accept your complaint without a signature.**