



AMERICANS WITH DISABILITIES (ADA) COMPLAINT FORM

Susquehanna Regional Transportation Authority (SRTA) (d/b/a rabbittransit) 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

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 (Susquehanna Regional Transportation Authority)
ATTN: Sherry Welsh, SRTA Compliance Officer
415 N. Zarfoss Drive
York, PA 17404
Telephone - (717) 846-5562
Fax - (717) 846-1232

SECTION 1

Please print CLEARLY

Name (Complainant): _____

Home Address: _____

City, State, Zip Code: _____

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 Susquehanna Regional Transportation Authority? Yes No If yes, please provide date of incident. _____

SECTION 4

Signature: _____ Date of Filing: _____

Print your name: _____

Please note: Susquehanna Regional Transportation Authority cannot accept complaints without a signature