

ADA COMPLAINT FORM

To be used by Customer to file a complaint for discrimination based on a disability.

**Crawford Area Transportation Authority
ATTN: Office of Human Resources
214 Pine Street
Meadville, PA 16335
P – 814-336-5600
F – 814-336-5406**

Please print CLEARLY:
Name:

Address:

City, State, Zip Code:

Telephone Number: _____ (home) _____ (cell)

Person discriminated against:

Address of person discriminated against:

City, State, Zip Code:

What was the date of the alleged discrimination?

Where did the alleged discrimination take place?

Please describe the circumstances as you saw it:

Please list any and all witnesses' names and phone number:

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation.

Then date and sign this form and send to the CATA office of Human Resources (address is listed on page 1).

Your Signature

Print your name

Date