

Clarion County Transportation ADA* and Title VI Complaint Form**

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|---------------------------------|-------------|-----|----------------------|-------|
| Section I | | | | |
| Name: | | | | |
| Address: | | | | |
| Primary Telephone: | | | Alternate Telephone: | |
| Email: | | | | |
| Accessible Format Requirements: | Large Print | TDD | Audio Tape | Other |

| | | | | |
|---|--|--|-----|----|
| Section II | | | | |
| Are you filing this complaint on your own behalf? If 'Yes' go to Section III. | | | Yes | No |
| Name and your relationship to the person for whom you are complaining: | | | | |
| Please explain why you are filing for a third party? | | | | |
| Confirm you have obtained permission to file on behalf of an aggrieved third party. | | | Yes | No |

| | | | | |
|---|--------|---------|-------------------|--|
| Section III | | | | |
| I believe the discrimination I experienced was based on (check all that apply): | | | | |
| Disability* | Race** | Color** | National Origin** | |
| Date(s) of alleged discrimination (Month, Day, Year): _____ | | | | |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you, if known, as well as names and contact information of any witnesses. <i>Space continues on the back of this form.</i> | | | | |

Section III continued

Section IV

Have you previously filed an ADA or Title VI complaint with this agency? Yes No

Section V

Have you filed this complaint with any other government agency or court? Yes No

If yes, check all that apply:

Federal Agency State Agency Local Agency Federal Court State Court

Please provide contact information for the agency or court where the complaint was filed:

Name: _____ Title: _____

Agency: _____

Address: _____

Telephone: _____ Date Filed: _____

Section VI

Name of agency complaint is against _____

Contact person: _____

Title: _____

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

Signature and Date are required

Submit form to:

Civil Rights Coordinator, Clarion County Transportation, 214 S. 7th Avenue, Clarion, PA 16214