



ADA Complaint Form

Passed by Congress in 1990, the Americans with Disabilities Act (ADA) is the nation's first comprehensive civil rights law addressing the needs of people with disabilities, prohibiting discrimination in employment, public services, public accommodations, and telecommunications.

The Americans with Disabilities Act (ADA) is an important federal law that addresses the rights of persons with disabilities in employment and transportation. The transportation provisions are important in increasing the independence of persons with disabilities by improving their mobility. Allen County RTA complies with the ADA, Department of Justice and the Federal Transit Administration and requires that all employees do so as well.

Please provide the following information necessary to process your complaint. Assistance is available upon request. ACRTA will respond to all complaints, including ADA within three (3) days and resolve within thirty (30) days.

Complete this form and mail or deliver to:

Allen County Regional Transit Authority
Attn: Transportation Manager - Uplift
200 East High Street
Lima, Ohio 45801

Complaints may also be taken at 419-222-2782, ext. 0; or emailed to lori@acrta.com.

1. Complainant's Name: _____

Address: _____

Telephone No.(Home): _____ (Cell): _____

Email: _____

2. Best method to contact you:

- ☐ Mail
- ☐ Phone
- ☐ Email

3. Accessible format requirements:

- ☐ Large Print
- ☐ Not Applicable
- ☐ Other: _____

4. Are you filling out this complaint on your own behalf?

- ☐ Yes
- ☐ No

If no, please answer questions 5 and 6 below.

5. Name, address and relationship of the person you are complaining for:

Name: _____

Address: _____

Relationship: _____

6. Please explain why you have filed for another person: _____

7. Have you previously filed an ADA complaint with Allen County RTA?

- ☐ Yes
- ☐ No

8. Date of incident when alleged discrimination occurred: _____

9. How were you discriminated against? Describe the nature of the action and who was responsible. Explain as clearly as possible what happened and the location, bus number and route. Attach additional page(s) if necessary.

10. Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to investigate your complaint:

Name: Address: Telephone Number:

Have you filed, or do you intend to file, a charge or complaint regarding the matters related in this complaint with any other agencies? If yes, please provide the following information:

Agency/Court: Attorney Name:

Address: Address:

Date Filed: Phone Number:

Case Number:

Type of trial/hearing:

Status of Case:

Please provide any additional information that you believe would assist with this investigation.