



AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

The Allen County Regional Transit Authority (ACRTA) is committed to ensuring that no person is excluded from participation in or denied the benefits of these services on the basis of disability. ADA complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Your Name: _____

Address: _____

City, state, zip code: _____

Telephone number: (home) _____ (cell) _____ (work) _____

Are you filing this complaint on your own behalf? Yes ___ No ___ If no, please indicate the name of the person for whom you are filing and why you have filed for a third party: _____

Date, time, and location (bus # if applicable) of alleged discriminatory actions. Please include earliest date, place and most recent date: _____

Please describe the circumstances as clearly as possible. What happened and why you believe you were discriminated on the basis of your disability: _____

Were there any witnesses? Yes ___ No ___ If yes, provide their name(s) and phone number(s): _____

What remedy are you requesting? Please be specific: _____

Have you filed this complaint with any other agencies (federal, state, or local)? Yes ___ No ___

Agency: _____ Date filed: _____

Address: _____

Contact Name: _____ Phone Number: _____

**Please provide any additional information that you believe is relevant to this complaint;
attach additional documentation which supports your allegations if needed.** _____

Sign and date this form and send all documents to:

Attn: Transportation Manager: Uplift
Allen County Regional Transit Authority
200 E. High St.
Lima, Ohio 45801
Phone: (419) 222-5725

I affirm that I have ready the above charge and that it is true to the best of my knowledge,
information and belief.

Complainant's Signature: _____ Date: _____

***Note-we cannot accept an unsigned complaint form**