BERKS AREA REGIONAL TRANSPORTATION AUTHORITY

ADA Complaint Form

(November 2019)

If you feel you have been discriminated against for transit services under the Americans with Disabilities Act of 1990 (ADA) please provide the following information in order to assist us in processing your complaint.

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to this question, go to Section III.		
If no, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No

Section III:

Person discriminated against:: _____

Address of person discriminated against: _____

Date and time of alleged discrimination (Month, Day, Year): _____

Where did the alleged discrimination take place? : _____

Bus Route # Bus # Van #

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. Also, include what type of corrective action you would like to see taken. If more space is needed, please use the back of this form or provide the information on a separate sheet of paper.

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Section IV		
Have you previously filed an ADA complaint with this agency?	Yes	No

Section V
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
[ ] Yes [ ] No
If yes, check all that apply:
[ ] Federal Agency: _____
[ ] Federal Court _____ [ ] State Agency _____
[ ] State Court _____ [ ] Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:

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

Signature and date required below

_____ _____

Signature Date

Please submit this form in person at the address below, or mail this form to:

Director of Shared Ride
1700 North 11th Street
Reading, PA 19604

Please use the space provided below to complete the information requested in Section III.