## 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):	elephone (Home): Telephone (Work):					
Email Address:						
Accessible Format Requirements?	Large Print		Audio Tape			
Section II:	TDD		Other			
	1 1 10		37 ±	NT.		
Are you filing this complaint on your own behalf?			Yes*	No		
*If you answered "yes" to this question						
If no, please supply the name and relati		om you are complain	iing:			
Please explain why you have filed for a	1 ,					
Please confirm that you have obtained the permission of the aggrieved party 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 #	Var	n #				
Explain as clearly as possible what hap involved. Include the name and contact contact information of any witnesses. A please use the back of this form or prove	information of the person(s Also, include what type of co	) who discriminated rrective action you v	against you (if kn would like to see t	nown) as well	as names and	

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	i?
[] Yes [] No		
If yes, check all that apply:		
[] Federal Agency:		
[] Federal Court [] State Age	ency	
	gency	
Please provide information about a contact person at the agency/court wher	•	
Name:		
		_
Title:		
Agency:		
Address:		
Telephone:		
You may attach any written materials or other information Signature and date required below	that you think is relevant to you	r complaint.
Signature	Date	
Please submit this form in person at the address below, or n	mail this form to:	
BARTA Director of Operations 1700 North 11 <sup>th</sup> Street		
Reading, PA 19604		

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