

Attachment A:
ADA and Title VI Complaint Form

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability.

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint:

Please print CLEARLY:

Section I:			
Name:			
Address:			
City, State, Zip Code:			
Telephone Number: (home)		(cell)	
Accessible Format Requirements? Large Print TDD Audio Tape			
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 not, 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 you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:	

Section III:
I believe the discrimination I experienced was based on (check all that apply):
_____ disability _____ race** _____ color** _____ National Origin**
What was the date of the 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. If more space is needed, please use the back of this form:

Section IV:

Have you previously filed an ADA or Title VI complaint with this agency?

Section V:

Have you filed an ADA or Title VI 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 Court: _____

_____ State Agency: _____

_____ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Section VI:

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Phone: _____

** Indicates is specific to Title VI of the Civil Rights Act of 1964

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

Signature and date required below:

Your Signature

Date

Print your name

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

Greater Valley EMS

Attn: Executive Director

904 N. Lehigh Ave.

Sayre, PA 18840-1842