

## C TRAN ADA Complaints

The Americans with Disabilities Act of 1990 prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation.

The Federal Transit Administration requires C TRAN to use nondiscriminatory practices in bus service.

If you believe you or others:

- have been discriminated against due to race, color, national origin, or a disability
- have been excluded from participation in or denied the benefits because of that discrimination
- have been subject to discrimination under any C TRAN service, program, or activity

You have the right to register an ADA by writing to or

calling: Courtney Dunn, Transit Manager

Chemung County Planning Department

400 East Church Street, Elmira, New York 14901

E-mail: cdunn@chemungcountyny.gov

Phone: 607-737-5560

Or by submitting your complaint to the Federal Transit Administration within 180 days at:

USDOT Federal Transit Administration, Region II

Regional Civil Rights Officer

One Bowling Green , Room 429

New York, NY 1004-1415

Phone: (212) 668-2170

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### ADA and Title VI Complaint Form

Choose: ADA (due to disability) related? \_\_\_\_

Complainant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Person discriminated against (if someone other than complainant): \_\_\_\_\_

Incident Information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Employee Involved: \_\_\_\_\_ Vehicle ID/Route Name or Number \_\_\_\_\_

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Use the back of this form if additional space is required. \_\_\_\_\_

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What is the best way to reach you: Phone \_\_\_\_ Email \_\_\_\_ Mail \_\_\_\_ Please sign below.

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

Complainant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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