

**New Castle Area Transit Authority  
ADA Complaint Form**

NCATA prohibits discrimination in all of its programs and services on the basis of a disability. If you feel you have been discriminated against because of a disability, please provide the following information in order to assist us in processing your complaint.

Please submit your complaint to:

**ADA Administrator  
New Castle Transit Authority  
311 Mahoning Avenue  
New Castle, PA 16102**

Please print clearly.

**Section I:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (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.

Please supply the name and relationship of the person you are completing the complaint form for:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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:**

Date of Incident (MM/DD/YYYY): \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident:  
\_\_\_\_\_

Transit Service (Fixed route /Paratransit /Other): \_\_\_\_\_

Route Name/Number: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_

Direction of Travel:  Inbound  Outbound

Mobility Aid Used (if any):  
\_\_\_\_\_

Provide the name of the person(s) who discriminated against you. If unknown, please provide descriptive information to help identify the employee.  
\_\_\_\_\_

Please explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use a separate sheet of paper.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names and contact information for any and all witnesses.  
\_\_\_\_\_  
\_\_\_\_\_

**Section IV:**

Have you previously filed an ADA complaint with NCATA?  Yes  No

Have you filed a complaint with a 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 and Title:

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Agency:

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Address:

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City, State and Zip Code:

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Telephone Number:

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**Section V:**

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

I affirm that I have read the above and that the information is true to the best of my knowledge and belief. **Signature and date required.**

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Signature Date