

# Centro ADA Complaint Form

**Instructions:** Please complete form. Fields marked with an asterisk (\*) are required.

|   |
|---|
| *Name:  |
| *Address:   |
| E-Mail Address:   |
| *Phone Number (with area code):   |
| *Preferred Contact Method (select one):    ___ Phone    ___ E-Mail    ___ US Mail   |
| Accessible Format Requirements:            ___ Large Print    ___ TDD    ___ Audio  |
| Other: _____  |
| *Are you filing this complaint on your own behalf?    ___ Yes    ___ No   |
| If not, please provide the name of and your relationship to the person for whom you are filing the complaint:<br><br>Name: _____ Relationship: _____  |
| *Date of alleged discrimination on the basis of disability:   |
| *Time of day:   |
| *Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include names and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. <b><i>If more space is needed please attach additional sheets.</i></b> |



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Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court?     \_\_\_ Yes     \_\_\_ No

If yes, please specify the name of the agency or court where you have filed this complaint.

Name of agency or court: \_\_\_\_\_

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

Name:

Title:

Agency:

Address:

Phone Number:

**Note: You may attach any written materials or additional information you feel is relevant to your complaint.**

Please mail this completed ADA Complaint Form to the ADA Coordinator at the following address:

Central New York Regional Transportation Authority  
200 Cortland Avenue  
PO Box 820  
Syracuse, NY 13205  
ATTN: ADA Complaint Officer

