



ADA COMPLAINT FORM

Section I:

Name: _____

Address: _____

Telephone (Home/Cell): _____ Telephone (Work): _____

Email: _____

Do you require an accessible format?	Large Print		Audio Tape	
	TTY/TDD		Other	

Section II:

Are you filing this complain on your own behalf?*

	Yes	No
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* 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 filing: _____

Have you obtained permission from this person?

	Yes	No
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Section III:

If you believe you were discriminated against based on a disability,
please provide as much detail concerning the alleged discrimination.

Date of Alleged Discrimination (Month, Day, Year): _____ Time: _____

Transit Line/Route: _____ Vehicle ID or Name: _____ Location: _____

Name(s) of Employee(s) involved: _____

Explain as clearly as possible what happened and why you believe you were discriminated against.
If more space is needed, please use the back of this form.

Section IV:

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

Contact Name: _____ Telephone number: _____

Section V:

Have you filed this 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 Agency: _____

State Court: _____

Local Agency: _____

Local Court: _____

Please provide contact information for the person you spoke to at the above agency:

Name: _____ **Title:** _____

Agency: _____

Address: _____

Telephone: _____

You may attach any written materials or other information that you think is relevant to your complaint.
Your signature and date are required below:

Signature

Date

If you need assistance completing this form, contact UCAT at:
845-334-8135 • TTY/TDD 800-662-1220 • 711 Relay • or email ucat@co.ulster.ny.us



518-388-9000 / Free language assistance / Asistencia de Lenguaje Gratuito /
Libreng tulong para sa wika / Hỗ trợ ngôn ngữ miễn phí / 무료 언어 지원

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

Ulster County Area Transit
Attn: Compliance Department
1 Danny Circle
Kingston NY 12401