

TCAT ADA Complaint Form

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

*Name:
*Address:
Email address:
*Phone number with area code:
*How do you prefer to be contacted? Please choose one:
PhoneEmailU.S. Postal Service
Accessible Format Requirements:
Large PrintTDDAudio or Other:
*Are you filing this complaint on your own behalf?YesNo
If not, please provide the name of and your relationships to the person for who you are filing the complaint:
Name: Relationship
*Date of alleged incident of discrimination based on disability:
*Time of day:

*Describe as clearly as possible the alleged incident and why you believe you
were discriminated against duo to a disability. Provide descriptions of all persons
involved. If you have the information, please provide the name or any information
about the person you believe discriminated against you and any names or contact
information of any witnesses. Please add pages if you need more space to
provide your information.

Have you filed this complain with any other Federal, State or Local agency or with
any Court of Law?YesNo
If yes, please provide the name of the agency or court:
Please provide contact information about the agency/court to which or person to whom you filed the complaint.
Name:
Title:
Agency:
Address:
Phone Number:
Email address:
Please note: you may attach any written materials or other information
documenting your complaint.
Please mail this completed form to the ADA Coordinator at the following address:
ADA Coordinator
Tompkins Consolidated Area Transit, Inc.
737 Willow Ave.
Ithaca, NY 14850