



## 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:

Phone  Email  U.S. Postal Service

Accessible Format Requirements:

Large Print  TDD  Audio or Other: \_\_\_\_\_

\*Are you filing this complaint on your own behalf?  Yes  No

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: \_\_\_\_\_



Have you filed this complain with any other Federal, State or Local agency or with any Court of Law? \_\_Yes \_\_No

If yes, please provide the name of the agency or court:\_\_\_\_\_

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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