

# Central Illinois Public Transit

## Americans with Disabilities (ADA) Complaint Form

INSTRUCTIONS: If you would like to submit an Americans with Disabilities Act (ADA) Complaint to Central Illinois Public Transit, please complete the form below and return to: EEO/AA Officer Sue Westemeier, C.E.F.S. Economic Opportunity Corporation, 1805 S. Banker Street, Effingham, IL 62401 or email to [swestemeier@cefseoc.org](mailto:swestemeier@cefseoc.org)

For questions or to request an alternate form, please contact the CIPT Transportation Director at 217-342-2193 ext. 162

1. Name (Complainant): \_\_\_\_\_

2. Phone: \_\_\_\_\_

3. Home Address: \_\_\_\_\_

4. If applicable, the name of person(s) who you believe discriminated against you: \_\_\_\_\_

\_\_\_\_\_

5. Date of incident: \_\_\_\_\_

6. Discrimination based on: \_\_\_\_\_ Disability \_\_\_\_\_ Reasonable Modification/Accommodation

7. Briefly explain what occurred and how you feel you were discriminated against: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. How do you feel this situation can be resolved to your satisfaction? \_\_\_\_\_

\_\_\_\_\_

9. Please list any person(s) that may have been witness to the complaint incident who we may contact:

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

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

10. Have you filed this complaint with any other federal, state or local agency, or with any federal or state court?

\_\_\_\_\_ Federal Agency \_\_\_\_\_ State Agency \_\_\_\_\_ Local Agency \_\_\_\_\_ Federal Court

\_\_\_\_\_ State Court \_\_\_\_\_ None

If complaint was filed at an agency or court, please provide information on a contact person for the Agency/Court:

Name of Agency/Court: \_\_\_\_\_

Agency/Court Contact Name: \_\_\_\_\_

Phone Number of Agency/Court: \_\_\_\_\_

Signature (Complainant): \_\_\_\_\_

Date: \_\_\_\_\_