



**ADMINISTRATIVE OFFICES**

1703 Kneeley Boulevard • Wanamassa, NJ 07712  
732.493.5900 • Fax 732.493.5980 • [www.ladacin.org](http://www.ladacin.org)

**Filing a Complaint Directly to the Federal Transit Administration:**

A complainant may choose to file a Title VI complaint with the Federal Transit Administration by contacting the Administration at:

Federal Transit Administration  
Office of Civil Rights  
Attention: Complaint Team  
East Building, 5th Floor –  
TCR 1200 New Jersey  
Avenue, SE Washington, DC  
20590

**Further questions about LADACIN Network's ADA Obligations:**

For additional information on LADACIN Network's non-discrimination obligations and other responsibilities related to ADA, please call 732-493-5900 ext. 291 or write to:

LADACIN Network  
1703 Kneeley Blvd.  
Wanamassa, NJ 07712

***SEE COMPLAINT FORM BELOW***

# COMPLAINT FORM

## Americans with Disabilities Act Complaint Form

LADACIN Network is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by title II of the Americans with Disabilities Act of 1990 (“ADA”). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact the “enter Contact information”

Complainant: Phone:

Street Address:

City, State, Zip Code Alt

Phone:

Person Preparing Complaint (if different from Complainant):

Street Address, City, State, Zip Code

Date of Incident: \_\_\_\_\_

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of LADACIN Network employees involved, if available.

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Description of incident continued:

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## COMPLAINT FORM page 2

Have you filed a complaint with any other federal, state, or local agencies? Yes/No (Circle One). If so, list agency/agencies and contact information below:

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Agency Contact Name:

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Street Address, City, State, Zip Code Phone:

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Agency Contact Name: Celeste Smith, Associate Executive Director

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I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Complainant's Signature

Date

Print or Type Name of Complainant

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

Received By: \_\_\_\_\_