

Suburban Transit Network Inc.

# ADA & Title VI- Complaint Form

Suburban Transit Network Inc. (TransNet) and its Partners are committed to ensuring that no person is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in its services on the basis of race, color, national origin, or disability, as provided by Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990, as amended.

If you believe you have been discriminated against, please complete, sign, and submit this form within 180 days of the alleged discrimination.

If you require assistance in completing this form, please contact the **TransNet Risk Management Department** at (215) 542-7433.

**PLEASE PRINT CLEARLY**

Name	Phone	Name of Person (s) that discriminated Against You	
Address (Street No., P.O. Box, Etc.)		Location and Position of Person (If known)	
City, State, Zip		City, State, Zip	
Explanation of Discrimination Complaint:		Date(s) of Alleged Incident:	
<p>Are you filing this complaint on your own behalf?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If no, please provide the name and relationship of the person whose behalf you are filling.</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>_____</p>			
Location where the incident occurred:		Date of Incident:	Time of Incident:

Please describe what happened and all the people whom you feel are responsible. Use a separate sheet of paper if more space is needed.

Did anyone else witness the incident?      Yes ☐      No ☐

If yes, please complete information below (if more space is needed, please list on a separate sheet)

Witness Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

### AFFIRMATION

I hereby swear/affirm, that the information provided in this Complaint Form is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Person Who Feels He/She Has Been Discriminated Against

\_\_\_\_\_  
Date

This section is to be completed by TransNet Risk Management Department	
Date Complaint Received:	Date Investigation Completed:
Accepted for Investigation on: _____ Department complaint referred to: _____ Rejected for investigation on: _____ Reason: _____ _____	

**The completed form must be sent to the following address within 180 days of the alleged incident:**

Suburban Transit Network (TransNet)  
**Risk Management Department**  
980 Harvest Drive Suite 100  
Blue Bell, Pa 19422

**You may also file this complaint with the U.S Federal Transportation Administration (FTA).  
If you file with the FTA, you must do so within 180 days of the alleged incident to this address:**

Office of Civil Rights  
**FEDERAL TRANSIT DEPARTMENT**  
1200 New Jersey Avenue, SE  
Washington, DC 20290