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

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: __________________________________________________________________________