GARY PUBLIC TRANSPORTATION CORP

ADA PARATRANSIT COMPLAINT FORM

This complaint was:

_____ filled out by person with complaint
_____ filled out with assistance over the phone from GPTC staff person
_____ filled out in collaboration with an advocate

Your Name: _____
First Middle Last

Your Address: _____

Your Phone Number: _____

Do you need communication by Indiana Relay Services? _____

Please check the category/categories that comes the closest to the nature of your complaint:

_____ Operator _____ Dispatcher _____ trip denial/inability to schedule per request

_____ late pick-up _____ safety concern _____ other: _____

_____

Is this related to the Americans with Disabilities Act (ADA)? _____ yes ____ no ____ unknown

_____

Date of Incident: ____/____/_____ Approximate time: _____

Name of GPTC employee involved (if known) _____

Was the problem: _____ over the phone

_____ before the ride

_____ during the ride

Please explain your complaint (use another sheet of paper if you need to):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

GPTC works in collaboration with the Lake County Council on Accessible Transportation (CAT), which is made up of riders who use para-transit services and have undergone training in how to handle ADA complaints. Upon request, the CAT is available to review your complaint.

_____ I DO want the CAT to receive a copy of my complaint for review.
_____ I DO NOT want the CAT to receive a copy of my complaint for review.