



**Capital District Transportation Authority
110 Watervliet Avenue Extension
Albany New York 12206
(518) 437-8378**

**TITLE II OF THE AMERICANS WITH DISABILITIES ACT
COMPLAINT Form**

First Name: _____

Last Name: _____

Mailing Address: _____

State: _____

Zip Code: _____

Email: _____

Phone Number (with area code) _____

Preferred Method Of Contact

Email: _____

Phone: _____

Mail: _____

Alternate Format Requested:

Are You Filing this Complaint On Your Behalf?

Yes

No

Date and Time Of Alleged Discrimination: _____

Location Of Incident: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include names and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses:

Your Signature or Signature of Your Representative: _____

Signature Date: _____

Your Signature or Signature of Your Representative

Other types of formats are available upon request.
Please mail or email the completed ADA form to:

Tanya Pitts
ADA Certification Manager
110 Watervliet Ave
Albany NY 12206
518-437-8378
tanyap@CDTA.org