ADA Complaint Form

Alleghenies Unlimited Care Providers prohibits discrimination based on a disability in all its programs and services, including transportation, based upon disability. If you feel you have been discriminated against because of a disability, please provide the following information to assist us in processing your complaint.

Please submit your complaint to:
Alleghenies Unlimited Care Providers
HR Department
119 Jari Drive
Johnstown, PA 15904

Complainant Information:

First Name: _____ Middle: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Person Completing this Form on Behalf of the Complainant:

Name: _____ Relationship to Complainant: _____

Home Phone: _____ Cell Phone: _____

Please confirm that you obtained permission of the complainant to file on their behalf. [ ] Yes [ ] No

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Date of Incident (MM/DD/YYYY): _____ Time of Incident: _____

Location of Incident: _____

_____

Provide the name of the person(s) who discriminated against you. If unknown, please provide descriptive information to help identify the employee.

_____

_____

Please explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use a separate sheet of paper.

_____

_____

_____

_____

_____

_____

Please list the names and contact information of any witnesses.

_____

_____

Have you previously filed an ADA complaint with ALUCP? [ ] Yes [ ] No

Have you filed a complaint with a Federal, State, or local agency, or with any Federal or State court?

[ ] Yes [ ] No

If yes, check all that apply:

[ ] Federal agency [ ] Federal Court [ ] State agency [ ] State court [ ] Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name and Title: _____

Agency: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____

I affirm that I have read the above and that the information is true to the best of my knowledge and belief. ***Signature and date are required.***

_____ _____

Signature Date