

MERCER COUNTY COMMUNITY TRANSIT/SHENANGO VALLEY SHUTTLE SERVICE

ADA COMPLAINT FORM

SECTION I: TYPE OF COMMENT (CHOOSE ONE)

Compliment

Suggestion

Complaint

Other

ADA Related?

Yes No

SECTION II: CONTACT INFORMATION

Salutation: [Mr./Mrs./Ms., etc.]:

Name:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

Accessible Format Requirements: Large Print TDD/Relay Audio Recording

Other: _____

SECTION III: COMMENT DETAILS

Transit Service (Choose One): Shared-ride/Paratransit Bus/Fixed Route

Date of Occurrence:

Time of Occurrence:

Name/ID of Employee(s) or Others Involved:

Vehicle ID/Route Name or Number:

Direction of Travel:

Location of Incident:

Mobility Aid Used (if any):

If above information is unknown, please provide other descriptive information to help identify the employee:

Description of Incident or Message:

How can your issue(s) be resolved to your satisfaction?

SECTION IV: FOLLOW-UP

May we contact you if we need more details or information? Yes No

What is the best way to reach you? (Choose One) Phone Mail Email

If a phone call is preferred, what is the best day and time to reach you?

SECTION V: DESIRED RESPONSE

What is the best way to respond? (Choose One) Telephone U.S. Postal Mail Email

Submit completed form to: MCCT/SVSS ADA Coordinator, 2495 Highland Road, Hermitage, PA 16148, by calling 724-981-6222 OR 800-222-8797, email: mnashtock@mrcog.com.

Please attach additional information or details.