Tableland Services, Inc.

ADA Complaint Form

Tableland Services, Inc. (Tableland or the Agency) will not exclude a qualified individual from participation in, deny the benefits of, or subject an individual to discrimination on the basis of disability in any Agency program, service, or activity, consistent with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

Use this form if you believe you experienced disability discrimination in connection with any Tableland program, service, or activity. Complaints should be filed within 180 days of the alleged discrimination. You may attach additional pages or supporting materials.

Submit to Tableland Services, Inc. (Agency)
Attn: Human Resources Director
535 E. Main Street
Somerset, PA 15501

Email / Questions
jhemminger@tableland.org
814-445-9628
ADA complaint process

Additional external filing options: Depending upon the program, service, activity, and funding source involved, you may also have the right to file a complaint with an appropriate federal or state agency. Complaints involving Tableland's federally funded transportation services may also be filed directly with the Federal Transit Administration (FTA) Office of Civil Rights within the applicable filing period.

Section I - Complainant Information

Name:
_____

Address:
_____

Telephone (Home): _____ **Telephone (Work/Mobile):** _____

Email:
_____

Preferred method of contact: ☐ Phone ☐ Email ☐ Mail ☐ Other: _____

Do you need an accessible format or communication assistance? ☐ No ☐ Yes
If yes, please describe: _____

Section II - Filing on Behalf of Another Person

Are you filing this complaint on your own behalf? ☐ Yes ☐ No
If Yes, proceed to Section III.

If No, name of person for whom you are filing:
_____

Relationship: _____ **Telephone / Email:** _____

Please explain why you are filing on this person's behalf and confirm that you have permission to do so.
Permission obtained: ☐ Yes ☐ No
Explanation: _____
_____

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Section III - Alleged Disability Discrimination

Date of Incident (Month/Day/Year): _____ Time (if known): _____

Please describe what happened and how you believe you were discriminated against because of disability. Include the names or titles of the persons involved, if known, and the names and contact information of any witnesses.

Section IV - Prior ADA Complaint to Tableland

Have you previously filed an ADA complaint with Tableland Services, Inc. regarding this matter or a related matter? ☐ Yes ☐ No

If Yes, date filed (if known): _____ Prior complaint/reference number (if known): _____

Section V - Other Complaints or Legal Filings

Have you filed this complaint with any court or federal, state, or local agency? ☐ Yes ☐ No

If Yes, check all that apply: ☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court ☐ Local Agency

Name of Agency/Court:
_____

Contact Person/Title:
_____

Address:
_____

Telephone:
_____

Case/Reference Number (if known):
_____

Section VI - Person, Department, Program, Service, or Activity Involved

Name of person, department, program, service, or activity involved (if known):
_____

Contact Person/Title (if known):
_____

Telephone (if known):
_____

Additional information: _____

Section VII - Certification and Signature

I certify that the information provided is true and complete to the best of my knowledge. Tableland may contact me for additional information needed to review this complaint.

Signature:
_____

Date:
_____

Print Name:
_____