

## Attachment V – Discrimination Complaint Procedures

---

### ***How to File a Discrimination Complaint to AMTRAN***

A person with a Title VI or ADA complaint may submit the complaint to AMTRAN using the following procedures:

1. A complaint submitted in writing must include the person's name and contact information, the date of the incidence, description and the identity of the person or department or service that caused the complaint. Complaints may be sent via mail, fax, or hand delivered.
2. A complaint may be taken verbally and must include the person's name and contact information, the date of the incidence, description and the identity of the person, department or service that caused the complaint.
3. Persons with a complaint may request a neutral third party to hear a verbal complaint or assist with a written complaint. The selection of the neutral third party shall be made cooperatively between AMTRAN and the person filing the complaint.
4. All complaints shall be addressed to AMTRAN's Compliance Officer.

Complaints must be received within 180 days of any alleged discrimination.

### ***AMTRAN Complaint Procedure***

1. The person filing a complaint on the basis of discrimination based on race, color, national origin, or disability will be informed that the complaint may be either filed directly with the FTA or with AMTRAN.

AMTRAN  
c/o Josh A. Baker  
Compliance Officer  
3301 Fifth Avenue  
Altoona, PA 16602  
Phone (814) 944-4074  
Fax (814) 941-2733

Federal Transit Administration Office of Civil Rights  
Attention: Title VI or ADA Program Coordinator  
1200 New Jersey Avenue SE  
Washington, DC 20590

2. If the person opts to file the complaint with AMTRAN, the complaint will be directed by the Compliance Officer to the appropriate department manager for a

## Attachment V – Discrimination Complaint Procedures

---

fact-finding review. The manager will prepare a written response to the complaint and submit it to the AMTRAN Compliance Officer. AMTRAN has 10 days to investigate the complaint. If more information is needed to resolve the case, AMTRAN may contact the complainant. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

3. If the complaint is valid and supported by facts, the Compliance Officer will order corrective action be taken.
4. The person who filed the complaint will be consulted as to the adequacy of the proposed remedy. If acceptable, the matter is concluded.
5. If the proposed remedy is not acceptable, the person who filed the complaint may request a hearing with AMTRAN's General Manager for purposes of stating their complaint and identifying an appropriate remedy.
6. The General Manager will issue a response and recommend a remedy within ten days of the hearing.
7. If acceptable, the matter is concluded. If not, the person will be advised of the appropriate steps to file the complaint with the FTA.

# Attachment V – Discrimination Complaint Procedures

---

## **AMTRAN Discrimination Complaint Form**

If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and forward it to:

**Josh Baker**  
**AMTRAN Compliance Officer**

**3301 Fifth Avenue**  
**Altoona, PA 16602**  
**(814) 944-4074**

Please print clearly:

**Your Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

E-mail: \_\_\_\_\_

**Person discriminated against:** \_\_\_\_\_

Address of person discriminated against: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Why do you believe the discrimination occurred?**

race  color  national origin  disability  other

**Date of the alleged discrimination?** \_\_\_\_\_

**Where did the alleged discrimination take place?** \_\_\_\_\_

**Please describe the circumstances as you saw it** (please use a separate sheet of paper if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any and all witnesses' names and phone number** (please use a separate sheet of paper if needed):

\_\_\_\_\_  
\_\_\_\_\_

**What type of corrective action would you like to see taken?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach any additional documents you have which support the allegation sign, date and forward complaint form to the AMTRAN Compliance Officer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date