

**Northern Indian Commuter Transportation District
Americans with Disabilities Act
Complaint Form**

Note: This form should only be used to register a formal complaint of discrimination under the Americans with Disabilities Act. Complainant must first try to resolve issues through normal customer service channels by submitting information to NICTD through a letter or e-mail through our website.

Completed form may be mailed to: ADA Compliance Officer, NICTD, 33 East US Highway 12, Chesterton, IN 46304. Please note that all fields are required.

Complainant Information

Date of Complaint _____ Name of Complainant _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home telephone: _____ Cell: _____

E-Mail: _____

Occurrence Information

Date of Occurrence: _____

Type of Complaint: _____

Station: _____ Train: _____

Personnel:

Ticket agent: _____ Onboard: _____ Other (please identify): _____

Location (Station name): _____

Train # (or time of departure from a station): _____

Direction of travel: _____

Description of Occurrence: _____

NICTD Internal Use Only

Date Received: _____

Date acknowledgement of Receipt Sent: _____

Resolution: _____

Appeal Date: _____

Appeal Granted: _____