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: ____________

July 9, 2014