

Ronald G. Rios
County Commissioner Director

Shanti Narra
County Commissioner Deputy
Director

Claribel A. Azcona-Barber
Charles Kenny
Leslie Koppel
Charles E. Tomaro
Chanelle Scott McCullum
Commissioners



Charles Kenny
Chairperson,
Transportation

John A. Pulomena
County Administrator

Khalid Anjum
Department Head

Stanley Subjinski
Director

DEPARTMENT OF TRANSPORTATION

Office of MCAT

Americans with Disabilities Act Complaint Form

Middlesex County Area Transit (MCAT) is committed to ensuring that no person is denied access to its services, programs, or activities based on their disabilities, as provided by Title II of the Americans with Disabilities Act (ADA) of 1990. ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact Middlesex County Area Transit's Supervisors or director at 732-745-7456 or 800-221-3520.

Complainant Name: _____

Phone Number: _____ Alternate Phone Number: _____

Mailing Address: _____

City, Zip Code: _____

Person Preparing Complaint (if different for Complainant): _____

Mailing Address, City, State, Zip Code: _____

Date of Discriminatory Incident: _____

Describe the alleged discriminatory incident, including location and time. Provide employees names, titles, and Agency/Department names of all involved, if known. Provide as much detail as possible.

