

How to File a Complaint

1. A complaint may be submitted in writing using the form on the back of this brochure. Complaints may also be submitted by using the ECT website (click the link for "Forms"). A complaint may also be phoned into the ECT office or sent by fax.
2. Complaints should be submitted within 10 days of the incident.
3. Preferably complaints should include the complainant's name and contact information. Complaints made anonymously will be investigated by ECT, but it will not be possible to provide feedback without contact information for the complainant.
4. The complaint should include the date of the incident, location, who was involved, and a description of what occurred.
5. ECT will review the complaint within 30 business days of receipt and if contact information is provided, will notify the complainant of the resolution.

Complaint Appeal Process

If the complaint is not resolved to the complainant's satisfaction, he or she can appeal the resolution within 10 business days of receiving notice. The appeal in writing should be submitted to:

The Mayors Committee for the Disabled
4527 Indianapolis Blvd.
East Chicago, IN 46312

Tel. 219-391-8300

Fax 219-391-8397

ECT Director will notify the complainant within 10 business days of the determination of the appeal.

The Americans with Disabilities Act (ADA) does not require East Chicago Transit to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.



COMPLAINT FORM & Instructions for Appeal

ECT Transit Hours of Operation

Monday – Friday: 5:55AM - 8:44PM

Saturday: 9:00AM - 4:31PM

Administrative Office Hours

Monday – Friday: 8:00AM - 4:00PM

Office closed on Saturday, Sunday, and holidays
(answering machine available)

5400 Cline Ave.

East Chicago, IN 46312

For additional information:

Website: www.eastchicago.com/161/Bus-Transit

Phone: 219-391-8465 (voice/relay)

Fax: 219-391-8465

Email: frosado@eastchicago.com

For questions or if you need assistance with filling out this form please call the ECT office.

**ALTERNATE FORMAT AVAILABLE UPON
REQUEST.**



Rev 8/20

