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:

City of East Chicago Board of Public Safety
4525 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.

East Chicago Transit

COMPLAINT FORM
& Instructions for Appeal

ECT Transit Hours of Operation
Monday – Friday: 5:55AM - 8:11PM
Saturday: 9:05AM - 4:43PM

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: 219-391-8473
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 6/24

Complaint Form

Name: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Phone (day): _____
(evening): _____
Email (*if available)*:

_____

Date of Incident: _____
Time: _____
Location: _____
Route: _____
Vehicle Number *(if known):* _____

Check one:
Complementary paratransit _____
Fixed route _____ Other _____

Describe your complaint *(Please us additional paper, if needed)*:

_____
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_____

Signature: _____

Date: _____

If assistance in filling out this form is required, please call ECT at 219-391-8465 (voice/relay) and our staff will assist you.

Please mail, email, fax, or deliver this form to:

East Chicago Transit Director
5400 Cline Ave.
East Chicago, IN 46312
Phone: 219-391-8465 (voice/relay)
Fax: 219-391-8473
Email: ***frosado@eastchicago.com***

Below is for ECT office use only

Date received by mail, email, phone, fax, or via website: _____

Investigated by: _____

Findings and resolution *(use additional paper if needed):*

ADA-related ____ Non-ADA-related _____

ECT Director:
Name: _____

Signature: _____

Date: _____

Complainant notified of outcome –

Date_____