***Champaign County Transit (CTS)***

ADA Complaint Policy & Process

As referred to in the

FTA 49 CFR 37.17 and Section 12.7 Guidelines for Federal Transit Administration Recipients

Updated August 2021

# ADA Complaint Procedure

The DOT ADA regulations require public transportation providers to have procedures in place for promptly and equitably resolving disability-related complaints filed by their customers. The required elements of the local complaint process, which are outlined in 49 CFR 37.17 and Section 12.7 of the FTA’s recently published ADA Circular, include sufficiently advertising the process to the public.

**Upon receipt of an ADA disability-related complaint CTS’s procedure will be as followed:**

All ADA disability related complaints shall be sent to CTS’s ADA Coordinator listed below:

Champaign Transit

Director

Gary Ledford

1512 S US Highway 68

Suite K 100

Urbana, Ohio 43078

937-653-8777

[ctsgl@ctcn.net](mailto:ctsgl@ctcn.net)

Upon receipt of an ADA disability-related complaint CTS’s procedure will be as followed:

1. CTS will immediately notify our ODOT representative
2. CTS will promptly communicate its response to the complaint allegations, including its reasons for the response, to the complainant and must ensure that it has documented its response. The communication can be in written, electronic, in-person, or telephonic.

* However the communication, CTS will keep the documented response in its internal records or database.
* CTS will keep all complaints of noncompliance on file for one (1) year and a record of all such complaints (in summary from) for five (5) years.
* CTS will use professional knowledge distinguish between complaints that pertain to DOT ADA requirements versus general complaints about service or policies even if the complaint has a disability.

1. CTS has 15 business days to investigate the complaint. If more information is needed to resolve the case, CTS may contact the complainant. The complainant has 15 business days from the date of the letter or documented contact to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 15 business days, CTS can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
2. After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has 15 business days after the date of the letter or the LOF to do so.
3. For transportation-related ADA matters, a person may also file a complaint directly with the Ohio Department of Transportation, at ODOT Office of Equal Opportunity, Attention: ADA Coordinator, 1980 West Broad Street, Columbus, OH 432230

Champaign Transit is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 937-653-8777, visit our office at 1512 S US Highway 68, Suite K 100 Urbana, Ohio, or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response. Champaign Transit, Gary Ledford, Director/ADA Coordinator, 1512 S US Highway 68, Suite K 100 Urbana, Ohio 43078, 937-653-8747, email [ctsgl@ctcn.net](mailto:ctsgl@ctcn.net)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION I: TYPE OF COMMENT (Choose One)\* | | | | | | | | | |
| Compliment | Suggestion | | Complaint | | | Other: | | ADA Related? Y / N | |
| SECTION II: CONTACT INFORMATION | | | | | | | | | |
| Salutation [Mr. /Mrs. /Ms., etc.]: | | | | | | | | | |
| Name: | | | | | | | | | |
| Rider ID (if applicable): | | | | | | | | | |
| Street Address: | | | | | | | | | |
| City, State, Zip code: | | | | | | | | | |
| Phone: | | | | | Email: | | | | |
| Accessible Format Requirements: | | Large Print | | | TDD/Relay | | Audio Recording | | Other |
| SECTION III: COMMENT DETAILS | | | | | | | | | |
| Transit Service (Choose One) [as applicable] [Street Route/ EZ-Ride/ Demand Response]\* | | | | | | | | | |
| Date of Occurrence: | | | | | Time of Occurrence: | | | | |
| Name/ID of Employee(s) or Others Involved: | | | | | | | | | |
| Vehicle ID/Route Name or Number: | | | | | | | | | |
| Direction of Travel: | | | | | | | | | |
| Location of Incident: | | | | | | | | | |
| Mobility Aid Used (if any): | | | | | | | | | |
| If above information is unknown, please provide other descriptive information to help identify the employee: | | | | | | | | | |
| Description of Incident or Message [Text box on web form for narrative]: | | | | | | | | | |
| SECTION IV: FOLLOW UP | | | | | | | | | |
| May we contact you if we need more details or information? | | | | | | | Yes | | No |
| What is the best way to reach you? (Choose One)\* | | | | Phone | | | Email | | Mail |
| If a phone call is preferred, what is the best day and time to reach you? | | | | | | | | | |
| SECTION V: DESIRED RESPONSE (Choose One)\* | | | | | | | | | |
| * Email response * Telephone response * Response by U.S. Postal Mail | | | | | | | | | |

**LIST OF TRANSIT‐RELATED ADA INVESTIGATIONS, COMPLAINTS, AND LAWSUITS (GENERAL REQUIREMENT)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period: 1/1/2020‐**  **12/31/2020** | **Date (Month, Day, Year)** | **Summary (include basis of complaint: race, color, or national**  **origin)** | **Status** | **Action(s) Taken** |
| **Investigations** | **NONE** | **N/A** | **N/A** | **N/A** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **Lawsuits** | **NONE** | **N/A** | **N/A** | **N/A** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **Complaints** | **NONE** | **N/A** | **N/A** | **N/A** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |

**\***Send a copy of the Investigations, Lawsuits and Complaint table (see below**)** to [aisha.powell@dot.ohio.gov](mailto:aisha.powell@dot.ohio.gov)