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# CARROLL COUNTY TRANSIT ADA COMPLAINT PROCEDURE

Sonja Leggett, Transit Director/ADA Coordinator

(330) 627-1900

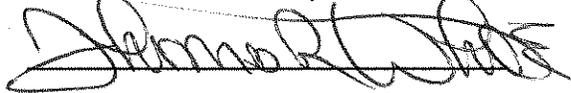
[sleggett@carrollcountyohio.us](mailto:sleggett@carrollcountyohio.us)

**Adopted June 16, 2016**

By the Board of Carroll County Commissioners:



Robert E. Wirkner, President



Thomas R. White, Vice President



Jeffrey L. Ohler, Commissioner

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# Notifying the Public of the ADA Complaint Process

## CARROLL COUNTY TRANSIT

- 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. This is to incorporate appropriate due process standards and provide for the prompt equitable resolution of complaints alleging any action prohibited by U.S. DOT ADA regulation (i.e., 49 CFR 27, 37, 38, and 39). These procedures must meet the requirements of 49 CFR Section 37.17(b) (as discussed in Section 12.7.2 of the ADA Circular). Upon receipt of a disability-related complaint, the Transit will immediately notify the designated ODOT Representative.
- The Carroll County Transit operates its programs and services with good customer service but issues may arise that lead to customer complaints. Any person who believes she or he has been aggrieved by any ADA violations may file a complaint with the Carroll County Transit Director/ADA Coordinator, Sonja Leggett.
- For more information on the Carroll County Transit ADA Complaint process, and the procedures to file a complaint, contact 330-627-1900; email [sleggett@carrollcountyohio.us](mailto:sleggett@carrollcountyohio.us) or visit our office at 2205 Commerce Drive, Carrollton, Ohio 44615.
- This Public Notice will be posted in the Carroll County Courthouse, Carroll County Transit Building and for more information i.e. complaint forms, visit [www.carrollcountyohio.us](http://www.carrollcountyohio.us).

## ADA Disability Complaint Procedure

### **Purpose**

This complaint procedure is established to meet 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. This may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Carroll County Transit (hereinafter referred to as "the Transit"). They may file an ADA complaint by completing and submitting the ADA Disability Complaint/Comment Form.

### **Complaint Procedure**

#### 1. Filing a complaint

An individual who believes that he or she or a specific class of individuals has been subjected to discrimination on the basis of disability by Transit may, by himself or herself or by an authorized representative, complete the attached ADA Disability Complaint/Comment Form and submit it to the Transit Director/ADA Coordinator. Alternative means of filing complaints, including but not limited to personal interviews or a tape or audio recording of the complaint will be made upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible but no later than 180 calendar days after the alleged violation to:

Sonja Leggett, Director/ADA Coordinator  
Carroll County Transit  
2205 Commerce Drive  
PO Box 185  
Carrollton, Ohio 44615-1088  
Phone: (330) 627-1900  
Fax: (330) 627-1088  
Email: [sleggett@carrollcountyohio.us](mailto:sleggett@carrollcountyohio.us)

#### 2. Investigation

Within 15 calendar days after receipt of the complaint the Transit Director/ADA Coordinator or his/her designee will meet with all parties involved (i.e., the complainant as well as pertinent operations staff) to discuss the complaint and possible resolutions. The ensuing investigation will determine whether the complaint is supported by facts.

### 3. Complaint Process

Within 30 calendar days of the meeting, the Transit Director/ADA Coordinator or his/her designee, will respond by one of the various means of communication, including written, electronic, in-person, and via telephone. The complaint response will explain the position of the Transit and, where it has found that the complaint is supported or not by the facts, a corrective action plan as well as other options for substantive resolution of the complaint. The complaint response will instruct the complainant that where he/she is dissatisfied with the decision or corrective action plan, they may contact the Carroll County Board of Commissioners directly with a formal written appeal.

### 4. Appeal Process

In the event that a complainant is dissatisfied with the decision or corrective action plan, they may contact the Carroll County Board of Commissioner with a formal written appeal, to be filed no more than 10 days following receipt of the Carroll County Transit decision on the complaint. The appeal should be in writing and describe the initial complaint, the agency response, and the ways in which the response does not satisfactorily address the complaint. Alternative means of filing appeals, such as personal interviews of a tape or audio recording of the complaint, will be made available upon request. The written appeal should be sent to:

Carroll County Board of Commissioners  
119 South Lisbon Street, Suite 201  
Carrollton, Ohio 44615  
Phone: (330) 627-4869  
Fax: (330) 627-6656  
Email: Board Clerk @ [jleggett@carrollcountyohio.us](mailto:jleggett@carrollcountyohio.us)

## ADA COMPLAINT/COMMENT FORM

Carroll County 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 (330) 627-1900, visit the Transit Facility at 2205 Commerce Drive, Carrollton, Ohio, 44615, or contact us by email [sleggett@carrollcountyohio.us](mailto:sleggett@carrollcountyohio.us) or U.S. postal mail at P.O. Box 185, Carrollton, Ohio 44615. Please make sure to provide us with your contact information in order to receive a response. [Include Name, or Agency Name, Responsible Employee Name or Title, Address, Telephone, and Email link]

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] [Bus/Van]*				
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)*				
<ul style="list-style-type: none"> <li>- Email response</li> <li>- Telephone response</li> <li>- Response by U.S. Postal Mail</li> </ul>				

**Office Use Only:**

Date Received: \_\_\_\_\_

ADA Coordinator: \_\_\_\_\_