

ADA COMPLAINT FORM

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The Americans with Disabilities Act, Title II, states, in part, that “no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in programs, services or activities sponsored by a public entity.” RiverCities Transit is committed to complying with the requirements of Title II of the ADA in all of its programs, services, benefits and activities.

All complaints concerning discrimination in provision or accessibility of RiverCities Transit programs, services, benefits or activities, or about a response to a request for accommodation or modification of programs, services, benefits or activities, should be submitted to RiverCities Transit. Alternative formats of this document will be produced upon request. A formal complaint may be submitted by any of the following methods:

Phone: 360-442-5663 (TTY Relay: 711)

Fax: 360-442-5979

Email: customerservice@rcitransit.org

Mail: RiverCities Transit
ADA Coordinator
PO Box 128
Longview, WA 98632

Please print clearly or type your response.

You may file a complaint up to one hundred eighty (180) days from the date of alleged discrimination.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number (home): _____ (cell): _____

Person discriminated against (if different): _____

Address of person discriminated against: _____

City, State, Zip Code: _____

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Where and when did the alleged discrimination take place?

Please describe the circumstances as you saw them:

Please list any and all witness names and phone numbers:

What type of corrective action would you like to see taken?

Please attach any documentation you have which support the allegation. Then date and sign this form and send to the ADA Coordinator at the address listed on page one (1) of this document.

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The complaint should be submitted as soon as possible and no later than one hundred eighty (180) days following the actions upon which it is based. The complaint must describe the facts, including, if applicable, the date, time and location of the actions that are the subject of the complaint, and must state the requested remedy. Persons submitting complaints must include their name, address, telephone number and an email address, if one is available.

Within fifteen (15) calendar days after receipt of the complaint, the ADA Coordinator, or his/her designee, shall speak with the person making the complaint to discuss it, gather additional information and identify possible resolutions. Within twenty-one (21) calendar days following the meeting, the ADA Coordinator or designee shall respond to the complaint in written or other accessible format. The response shall explain RiverCities Transit's conclusions regarding the allegations made by the person who made the complaint and, if appropriate, suggest options for resolving the complaint.

The person making the complaint may request review of the complaint if she/he is dissatisfied with the ADA Coordinator's response or proposed resolutions. Review requests must be made within fifteen (15) calendar days from the date of the ADA Coordinator's response and may be submitted by any of methods on page one (1). Please address correspondence to Transit Manager.

Within twenty-one (21) calendar days after receipt of the review request, the Transit Manager, or his/her designee, shall either respond to the complaint in written or other accessible format or will contact the person making the complaint to obtain any necessary additional information. If additional information from the person who made the complaint is requested, the Transit Manager or designee shall provide a response to the complaint within seven (7) days following receipt of the additional information.

All complaints and complaint review requests submitted to the ADA Coordinator in written, electronic or recorded format, as well as responses thereto, will be retained by RiverCities Transit for at least one (1) year.

Signature: _____

Print: _____

Date: _____