

# **TWIN CITIES AREA TRANSPORTATION AUTHORITY ADA COMPLAINT PROCEDURE**

Twin Cities Area Transportation Authority has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the Americans with Disabilities Act (ADA). 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 or activities sponsored by a public entity.

**Complaints related to the Title II of the ADA can be written and addressed to:**

**Twin Cities Area Transportation Authority  
275 East Wall  
Benton Harbor  
Michigan, 49022**

**Attention: Veronica Burk, ADA Compliance/ Office Manager. Ms. Burk is responsible for ADA Title II compliance. Complaint form can found at: <http://www.mywaythere.org/contact.asp>**

1. A complaint must be filed in writing and must contain the name and address of the person filing it and a brief description, including the date and location, of the alleged violation. If necessary, an alternative means of filing the complaint or receiving the response may be requested.
2. Complaints should be filed in as timely a manner as possible but no later than 60 business days after the alleged violation.
3. An investigation by the ADA Compliance Officer, as may be appropriate, shall follow a filing of complaint. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.
4. The ADA Compliance Officer or designee will provide a response in writing, or in an alternative format if requested, to the complainant within 30 business days after the complaint is received.

5. The complainant can request a reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for reconsideration should be made in writing, or in an alternative format upon request, to the Twin Cities Area Transportation Authority Executive Director within 30 business days of receiving the ADA Compliance Officer's decision.

6. The Executive Director will review the complaint, conduct an additional investigation if appropriate, and respond to the complainant in writing, or in an alternative format upon request, within 30 business days after receipt of the request for reconsideration. A copy of the Executive Director's response will be forwarded to the ADA Compliance Officer.

7. The ADA Compliance Officer will maintain copies of all written ADA complaints, appeals to TCATA, and responses from these two offices for at least 3 years.

8. These rules shall be construed to protect the substantive rights of interested persons to meet appropriate due process standards and to assure that Twin Cities Area Transportation Authority complies with the ADA and implementing regulations.

9. Use of this grievance process does not preclude the complainant from filing an administrative complaint with the designated federal agency or filing a lawsuit for injunctive relief and damages. An individual may choose to pursue any or all of these methods. The federal complaint form can be found on the next page.

**Federal Transit Administration  
Office of Civil Rights  
Complaint Form**

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring of public transportation, which includes ensuring that providers properly implement Title II of the Americans with Disabilities Act of 1990 (the ADA), the Department of Transportation (DOT) ADA regulations, and Section 504 of the Rehabilitation Act of 1973.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible ADA deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.

***Section I***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Numbers:

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements?

Large Print \_\_\_\_\_ Audio tape \_\_\_\_\_

TDD \_\_\_\_\_ Other \_\_\_\_\_

***Section II***

Are you filing this complaint on your own behalf?

Yes \_\_\_\_\_ No \_\_\_\_\_

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining:

\_\_\_\_\_

Please explain why you have filed for a third party. \_\_\_\_\_

\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes \_\_\_\_ No \_\_\_\_

**Section III**

Have you previously filed an ADA complaint with FTA? Yes \_\_\_\_ No \_\_\_\_

If yes, what was your FTA Complaint Number? \_\_\_\_\_

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Transit Provider \_\_\_\_ Department of Transportation \_\_\_\_

Department of Justice \_\_\_\_ Equal Employment Opportunity Commission \_\_\_\_

Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide a copy of the complaint form.

**[Note: This above information is helpful for administrative tracking purposes.]**

**Section IV**

Name of public transit provider complaint is against:

\_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.**

**Section V**

May we release a copy of your complaint to the transit provider?

Yes \_\_\_\_ No \_\_\_\_

May we release your identity to the transit provider?

Yes \_\_\_\_ No \_\_\_\_

Please sign here: \_\_\_\_\_

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

[Note - We cannot accept your complaint without a signature.]

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**Please mail your completed form to:**

Director, FTA Office of Civil Rights, East Building – 5<sup>th</sup> Floor, TCR  
1200 New Jersey Ave., SE, Washington, DC 20590. *You may also leave a message at our toll free FTA ADA Assistance Line, 1-888-446-4511 (Voice) or through the Federal Information Relay Service, 1-800-877-8339. We can be reached by electronic mail at: [FTA.ADAAssistance@dot.gov](mailto:FTA.ADAAssistance@dot.gov). The FTA Web Page can be found at [\[http://www.fta.dot.gov\]](http://www.fta.dot.gov).*