

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 ADA Circular, include sufficiently advertising the process to the public.

All ADA disability related complaints shall be sent to CCCTA's ADA Coordinator:

Coshocton County Board of Commissioners
CCCTA ADA Coordinator
Mary Beck
401 Main Street
Coshocton, OH 43812
740-622-7139
marybeck@coshoctoncounty.net

Upon receipt of an ADA disability related complaint, CCCTA's procedure will be as followed:

- A. CCCTA will immediately notify our ODOT representative.
- B. CCCTA 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 written, via letter or email.
 - CCCTA will keep the documented response in its internal records or database.
 - CCCTA will keep all complaints of noncompliance on file for one (1) year and a record of all such complaints (in summary form) for five (5) years.
 - CCCTA will use professional knowledge to distinguish between complaints that pertain to DOT ADA requirements versus general complaints about service or policies even if the complaint has a disability.
- C. CCCTA has 15 business days to investigate the complaint. If more information is needed to resolve the case, CCCTA 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, CCCTA can administratively

close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

- D. 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 an ADA 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 closure letter or the LOF to do so.
- E. 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 43223.

List of Transit-Related ADA Investigations, Complaints, and Lawsuits

Period: April 28, 2017 - April 29, 2020.	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations	None			
1.				
2.				
Lawsuits	None			
1.				
2.				
Complaints	None			
1.				
2.				

ADA Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Email 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:				
<p>I believe that I have been (or someone else has been) discriminated against by the public transit provider based on:</p> <p>[] A Disability</p> <p>Date of Alleged ADA Discrimination (Month, Day, Year): _____</p> <p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of the next page.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				

Section IV		
Have you previously filed an ADA complaint with this agency?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below.

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Coshocton County Board of Commissioners
 Attn: Mary Beck, CCCTA ADA Coordinator
 401 ½ Main Street
 Coshocton, OH 43812