## **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 CPT's ADA Coordinator:

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

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

- A. CPT will immediately notify our ODOT representative.
- B. CPT 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.
  - CPT will keep the documented response in its internal records or database.
  - CPT 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.
  - CPT 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. CPT has 15 business days to investigate the complaint. If more information is needed to resolve the case, CPT 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, CPT 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.				

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## ADA Complaint Form

Section I:		To the second		Shiri — s. miri	
Name:		***			
Address:	7/81 42/408	228-1			
Telephone (Home): Telep		Telephone (	phone (Work):		
Email Address:					
Accessible Format	Large Print		Audio Tape		
Requirements? Section II:	TDD		Other		
Are you filing this complai	nt on your own behalf?		Yes*	No	
*If you answered "yes" to	this question, go to Secti	on III.			
If not, please supply the n for whom you are complai		he person			
Please explain why you ha	ve filed for a third party:				
Please confirm that you ha aggrieved party if you are			Yes	No	
Section III:				1 gardens - mi	
I believe that I have been transit provider based on:	(or someone else has bee	n) discrimina	ited against by t	the public	
[ ] A Disability					
Date of Alleged ADA Discri	imination (Month, Day, Ye	ear):			
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.					

Section IV			
Have you previously filed an ADA complaint with this agency?		Yes	No
Section V	1		
Have you filed this complaint with any other Federal, Federal or State court?	State, or	local agency, o	or with any
[] Yes [] No			
If yes, check all that apply:			
[] Federal Agency:			
[ ] Federal Court [ ]	State Age	ency	
[ ] State Court [ ]	Local Age	ency	
Please provide information about a contact person at was filed.	the agen	cy/court where	the complaint
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Section VI			
Name of agency complaint is against:			
Contact person:			
Title:	- 12		
Telephone number:			
You may attach any written materials or other infor complaint. Signature and date required below.	mation th	at you think is I	relevant to your
Signature		Date	
Please submit this form in person at the address bel	low, or ma	ail this form to:	
Coshocton County Board of Commissioners Attn: Mary Beck, CPT ADA Coordinator 401 ½ Main Street Coshocton, OH 43812			