

ADA Complaint Form

Please complete the following:

Section I

Name* _____

Address _____

Telephone Number

(Home/Cell) _____

(Work) _____

Email Address _____

Section II

Are you filing this complaint on your own behalf (circle one)?

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 filing

Name _____

Relationship _____

Section III

If you believe you were discriminated against based on a disability, please provide as much detail as possible concerning the alleged discrimination

Date of alleged discrimination _____

Time of alleged discrimination _____ (am/pm)

Transit Line/Route _____

Vehicle number _____

Location _____

Name(s) of Employee(s) involved _____

Explain as clearly as possible what happened and why you believe why you were discriminated against

If more space is needed separate page(s) can be submitted with the complaint

Section IV

Have you ever filed a complaint with HDPT?

Yes

No

If so please provide the name of the person that you spoke with at HDPT and/or the number you dialed

Contact Name _____

Telephone Number _____

Section V

Have you ever filed this complaint with any other federal, state, or local agency, or with any federal or state court?

Yes

No

If yes, please indicate all that apply along with the name of the agency or court

Federal Agency _____

State Agency _____

Local Agency _____

Federal Court _____

State Court _____

Local Court _____

Please provide contact information for the person you spoke to at the above agency or agencies

Name _____

Title _____

Agency _____

Address _____

Telephone Number _____

ADA Complaint Process

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38 and 39), and Section 504 of the Rehabilitation Act of 1973, as amended, Harrisonburg Department of Public Transportation-(HDPT) ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of disability may file an ADA complaint.

Complaints may be submitted by filing an ADA Complaint Form by downloading an ADA Complaint Form at www.hdpt.com, or by calling 540-432- 0492. If the complainant is unable to write a complaint, a representative may file on his or her behalf, or HDPT staff will provide assistance. Complaints must be filed within 180 calendar days of the alleged incident.

1. The Transit Superintendent will contact the complainant within 10 business days of receipt of complaint. Any requested information by the Transit Superintendent to the complainant must be received within 5 business days.
2. HDPT will begin the investigation within 15 business days of receipt of complaint if the alleged discrimination is found to be a violation of ADA regulations.
3. An investigation into the complaint will be conducted and documented to determine whether HDPT failed to comply with ADA regulations.
4. HDPT will complete the investigation within 60 calendar days of receipt of complaint. If additional time is needed for the investigation, the complainant will be notified.
5. HDPT will promptly communicate its response to the complainant, including its reasons for the response. The complainant will have 5 business days from receipt of HDPT's response to file an appeal. If no appeal is filed, the complaint will be closed.

*HDPT will process and investigate all complaints that meet the requirements of ADA discrimination. If the complainant fails to provide required information within the required timeframe, the complaint may be closed.

If information is needed in another language, contact 540-432-0492
Si necesita información en otro idioma, llame a 540-432-0492