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Guernsey County Community Development Corporation

ADA COMPLAINT POLICY & PROCESS

As referred to in the

FTA 49 CFR 37.17 and Section 12.7 Guidelines for Federal Transit Administration Recipients

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

Upon receipt of an ADA disability-related complaint the Guernsey County CDC's procedure will be as followed:

All ADA disability related complaints shall be sent to the Guernsey County CDC's Executive Director listed below:

Guernsey County CDC
Ronald Gombeda
905 Wheeling Avenue
Cambridge, Ohio
740-439-0020
rgombeda@guernseycountycdc.com

Upon receipt of an ADA disability-related complaint The Guernsey County CDC's procedure will be as followed:

- A. The Guernsey County CDC will immediately notify our ODOT representative.
- B. The Guernsey County CDC 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 in written, electronic, in-person, or telephonic.
 - However, the communication, The Guernsey County CDC will keep the documented response in its internal records or database.
 - The Guernsey County CDC 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.
 - The Guernsey County CDC 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. The Guernsey County CDC has 15 business days to investigate the complaint. If more information is needed to resolve the case, the Guernsey County CDC 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 additional information within 15 business days, the Guernsey County CDC 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 a Title VI 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 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.

The Guernsey County Community Development Corporation is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 740-439-0020, visit our office at 905 Wheeling Ave, Cambridge, Ohio, or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response. Guernsey County CDC, Ronald Gombeda, Executive Director, 905 Wheeling Ave, Cambridge. OH 43725, 740-439-0020, email rgombeda@guernseycountycdc.com.

SECTION I: TYPE OF COMMENT (Choose One)*

Compliment__	Suggestion__	Complaint__	Other:_____	ADA Related? Y / N
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SECTION II: CONTACT INFORMATION

Salutation [Mr. /Mrs. /Ms., etc.]:				
Name:				
Rider ID (if applicable):				
Street Address:				
City, State, Zip code:				
Phone:			Email:	
Accessible Format Requirements:	Large Print__	TDD/Relay__	Audio Recording__	Other_____

SECTION III: COMMENT DETAILS

Transit Service (Choose One) [as applicable] [Street Route/ EZ-Ride/ Demand Response]*	
Date of Occurrence:	Time of Occurrence:
Name/ID of Employee(s) or Others Involved:	
Vehicle ID/Route Name or Number:	
Direction of Travel:	
Location of Incident:	
Mobility Aid Used (if any):	
If above information is unknown, please provide other descriptive information to help identify the employee:	
Description of Incident or Message [Text box on web form for narrative]:	

SECTION IV: FOLLOW UP

May we contact you if we need more details or information?	Yes	No	
What is the best way to reach you? (Choose)	Phone	Email	Mail
If a phone call is preferred, what is the best day and time to reach you?			

SECTION V: DESIRED RESPONSE (Choose One)*

- Email response
- Telephone response
- Response by U.S. Postal Mail

LIST OF TRANSIT-RELATED ADA INVESTIGATIONS, COMPLAINTS, AND LAWSUITS (GENERAL REQUIREMENT)

Period: 1/1/2012-8/31/2019	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations	NONE	N/A	N/A	N/A
1.				
2.				
Lawsuits	NONE	N/A	N/A	N/A
1.				
2.				
Complaints	NONE	N/A	N/A	N/A
1.				
2.				

*Send a copy of the Investigations, Lawsuits and Complaint table (see below) to aisha.powell@dot.ohio.gov

*All documentation MUST be received by August 31.