

ADA Complaint Procedures and Form

Policy and Procedures:

Whiteside County Transportation System (WCTS) is committed to ensuring safe, efficient, effective and accessible transportation for persons with disabilities, as provided by the Americans with Disability Act (ADA).

ADA transportation service complaints received by WCTS will be investigated immediately with every effort made to seek an appropriate and prompt resolution. By promptly identifying deficiency areas, WCTS will work to make the necessary corrections or adjustments to alleviate the situation.

All ADA Transportation service complaints shall be submitted in writing on the agency's complaint form and returned to the ADA Office of WCTS (Executive Director) at 1207 W Ninth St, Sterling, IL 61081. Please see the form attached.

The following information is necessary to assist us in processing your complaint. If assistance is required in completing this form, please contact the ADA Officer of WCTS (Executive Director) at (815) 625-7433. Once completed the form must be returned to WCTS to the attention of the ADA Officer (Executive Director) at 1207 W Ninth St, Sterling, IL 61081.

The investigative officer shall maintain a log of ADA complaints received from this process. This log will include

- The date the complaint was filed
- A summary of the allegations
- The status of the complaint, and
- Actions taken by WCTS in response to the complaint

Should WCTS receive an ADA complaint in the form of a formal charge or lawsuit, the agency's attorney (Whiteside County State's Attorney and/or his designee) shall be responsible for the investigation and maintaining a log as described herein.

Have you filed a complaint with any other federal, state or local agencies? Yes No

If so, list agency / agencies and contact information below:

Agency: _____ Contact Person: _____

Street Address City, State, Zip Code _____

Agency: _____ Contact Person: _____

Street Address City, State, Zip Code _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Print or type name of complainant

For WCTS Use Only

Date Received: _____

Received By: _____