**ADA / Disability Complaint Procedure**

Any person who believes she or he has been discriminated against on the basis of a disability by Kenosha Area Transit may file a ADA / Disability complaint by completing and submitting the agency's ADA / Disability Complaint Form.

The City of Kenosha investigates complaints received no more than 180 days after the alleged incident. The City of Kenosha will process complaints that are complete.

Once the complaint is received, the City of Kenosha will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The City of Kenosha has 60 working days to investigate the complaint. If more information is needed to resolve the case, the city may contact the complainant.

The complainant has 30 business days from the date of the letter 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 60 business days, the city can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

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 ADA / Disability violation and that the case will be closed.
- ✓ A letter of finding (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 seven calendar days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

**ADA / Disability Complaint Form**

Kenosha Area Transit assures that no person shall on the grounds of a disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, as provided by ADA / Americans with Disabilities Act that was signed into law on July 26, 1990.

Any person(s) or organization(s) believing they have been a victim of discrimination based on a disability may file a complaint with the City of Kenosha's Human Resources Department of Civil Rights.

Complaints can be filed by calling the City of Kenosha's Human Resources Department at (262) 653-4130 or email the City of Kenosha at humanresources@kenosha.org. You can also complete the complaint form below. Mail or drop off completed forms to:

City of Kenosha, Attn: ADA / Disability Complaints Department, 625 52nd Street, Room 205, 53140

| | | | | |
|---|---|---|---|---|
| **Name:** | | | | |
| **Address:** | | | | |
| **Telephone (Home):** | | **Telephone (Work):** | | |
| Email Address: | | | | |
| Accessible Format Requirements? | Large Print | | Audio Tape | |
| | TDD | | Other | |
| Are you filing this complaint on your own behalf? | | | Yes* | No |
| 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 |

I believe the discrimination I experienced was based on (check all that apply):

[  ] Disability                [  ] Other

Date of Incident (Month/Day/Year): _____

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 this form.

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_____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

_____    _____

Signature                                                                      Date