# RGRTA Americans with Disabilities Act (ADA) Noncompliance Complaint Form

If you need assistance in another language, please call (585) 288-1700.This form has six sections. Please complete all six sections of the form. Please ensure that your complaint is postmarked or submitted within 180 days of the incident. You can submit the form through USPS mail or through an electronic channel. To mail it, send completed form to Attention: RGRTA Legal Affairs Department, 1372 East Main Street, Rochester, NY 14609. To submit it electronically, attach the completed form electronically to an online complaint and submit it through Contact Us at <https://rts.secure.force.com/RTSContactUs>. You may bring the completed form in person to the front lobby at 1372 East Main Street, Rochester, NY 14609. Office hours are 8:00 AM to 5:00 PM. You may also file a complaint directly with the Department of Transportation, Departmental Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590. Phone: 202-366-4648 or TTY/Assistive Device: 202-366-9696.

## section 1: Contact Information (Required)

Instructions: Complete Section 1 to provide your name, address, email, and telephone number.

Name:       Address:

Phone:       Email:

## Section 2: Accessible Format

If you require material in an accessible format in order to use it, please indicate the format you require. Otherwise, leave blank.

## Section 3: Filing for a Third Party

If you are filing this ADA complaint on your own behalf, skip to Section 4. If you are filing for a third party complete the questions in Section 3.

Name of the Third Party:       Your Relationship to the Third Party:

Why are you filing a complaint for a Third Party?

Did you obtain permission of the aggrieved party to file on his or her behalf?  Yes  No

## Section 4: Details of Alleged Discrimination Based on disability (Required)

Date of the alleged discrimination based on disability (Month, Day, Year):

Time of the alleged discrimination based on disability (hours and minutes):

Identify the service provider you were using when the alleged discrimination occurred.

Bus Number:

Route Name or Number:

Direction of Travel:

Location of Incident:

Mobility Aid Used (if any):

Explain what happened, why you believe you were discriminated against, and describe all persons who were involved.

Provide the name and contact information of the person(s) who discriminated against you and the names and contact information of any witnesses:

## Section 5: Filing History

Have you previously filed an ADA complaint with this agency?  Yes  No

Have you filed this ADA complaint with any other Federal, State, or local agency?  Yes  No

Have you filed this ADA complaint with any Federal agency or State court?  Yes  No

I have filed the ADA complaint with (mark all that apply):  Federal Court  State Agency  State Court  Local Agency  Not Applicable

Please provide contact information for the person at the agency or court where you filed the complaint.        Not Applicable

## Section 6: Attestation (Required)

Instructions: You must complete Section 6 with a signature and date.

I understand that RGRTA investigates complaints received no more than 180 days after the alleged incident. RGRTA will process complaints that are complete. Once the complaint is received, RGRTA will determine if it has jurisdiction. I understand that I will receive an acknowledgement letter informing me whether the complaint will be investigated by RGRTA. RGRTA has 30 days to investigate the complaint. I understand that if more information is needed to resolve the case, RGRTA may contact me. I understand that I will have 20 business days from the date of the request to send information to the investigator assigned to the case. If the investigator is not contacted or does not receive the additional information within 20 business days, RGRTA can administratively close the case. I also understand that RGRTA can close a case if I no longer wish to pursue it.

I understand that after the investigator reviews the complaint, I will either receive 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. I understand that I will have 30 days after the date of the letter to appeal the decision.

Signature:

Date:

End of ADA Complaint Form