

City of DeKalb Public Transit ADA Complaint Procedures and Form

Policy and Procedures:

City of DeKalb Public Transit is committed to providing equal access and opportunity to qualified individuals with disabilities in all programs, services, and activities, as provided by the Americans with Disability Act (ADA).

ADA transportation service complaints received by City of DeKalb Public Transit or its provider, Transdev Services Inc., will be investigated immediately with every effort made to seek an appropriate and prompt resolution. By promptly identifying deficiency areas, the City of DeKalb 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 Officer of City of DeKalb Public Transit at 1216 Market St., DeKalb, IL 60115. Please see the form included or visit our website at www.cityofdekalb.com.

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 City of DeKalb Public Transit at (815) 748-2370. Once completed the form must be returned to City of DeKalb Public Transit to the attention of the ADA Officer at 1216 Market St., DeKalb, IL 60115.

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 City of DeKalb Public Transit in response to the complaint

Should City of DeKalb Public Transit receive an ADA complaint in the form of a formal charge or lawsuit, the agency's attorney shall be responsible for the investigation and maintaining a log as described herein.

The City of DeKalb retains all ADA-related complaints for at least one year and a summary of all ADA-related complaints for at least five years.

**City of DeKalb Public Transit
ADA Complaint Form**

Name: _____

Street Address: _____

Phone: _____ Alternate Phone: _____

Person discriminated against (if someone other than complainant):

Name(s): _____

Street Address, City, State & Zip Code: _____

Date of Incident: _____

Please describe the alleged incident (attach additional pages if needed):

Continued ADA Complaint Form

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 City of DeKalb Use Only

Date Received: _____ Received By: _____