

CITY OF MARION TRANSIT SYSTEM (MTS)

ADA COMPLAINT FORM

Section I:				
Name:				
Address:				
Telephone (Home/Cell):			Telephone (Work):	
Email:				
Do you require an accessible format?	Large Print		Audio Tape	
	TTY/TDD		Other	
Section II:				
Are you filing this complaint on your own behalf? *			Yes	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are filing:				
Have you obtained permission from this person?			Yes	No
Section III:				
If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.				
Date of Alleged Discrimination (Month, Day, Year): _____ Time: _____				
Transit Line/Route: _____ Vehicle ID or Name: _____ Location: _____				
Name(s) of Employee(s) involved: _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.				

Section IV		
Have you previously filed an ADA complaint with Marion Transit?	Yes	No
Contact name:	Telephone number:	
Section V		
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Federal Court: _____	
<input type="checkbox"/> State Agency: _____	<input type="checkbox"/> State Court: _____	
<input type="checkbox"/> Local Agency: _____	<input type="checkbox"/> Local Court: _____	
Please provide contact information for the person you spoke to at the above agency:		
Name:	Title:	
Agency:		
Address:		
Telephone:		

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

Signature

Date

If you need assistance completing this form, contact City of Marion Transit at: 765-668-4405 | TTY/TDD 800-743-3333 | Email: jedwards@cityofmarion.in.gov

Please submit this form in person at the address below, or mail to:

City of Marion Transit System
520 East 6th Street
Marion, IN 46953

CITY OF MARION TRANSIT SYSTEM (MTS)

ADA Complaint Process

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38 and 39), and Section 504 of the Rehabilitation Act of 1973, as amended, the City of Marion Transit System (MTS) ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of disability may file an ADA complaint.

Complaints may be submitted by filing an ADA Complaint Form or by calling 765-668-4405 (TTY/ TDD _____). If the complainant is unable to write a complaint, a representative may file on his or her behalf, or MTS staff will provide assistance. Complaints must be filed within 180 calendar days of the alleged incident.

1. The ADA Coordinator will contact the complainant within 10 business days of receipt of complaint. Any requested information must be received by MTS within 5 days of request*.
2. MTS will begin the investigation within 15 business days of receipt of complaint if the alleged discrimination is found to be a violation of ADA regulations.
3. An investigation into the complaint will be conducted and documented to determine whether MTS failed to comply with ADA regulations.
4. MTS will complete the investigation within 60 calendar days of receipt of complaint. If additional time is needed for the investigation, the complainant will be notified.
5. MTS will promptly communicate its response to the complainant, including its reasons for the response. The complainant will have 5 business days from receipt of MTS's response to file an appeal. If no appeal is filed, the complaint will be closed.

*MTS will process and investigate all complaints that meet the requirements of ADA discrimination. If the complainant fails to provide required information within the required timeframe, the complaint may be closed.