

DELANO AREA RAPID TRANSIT (DART) ADA COMPLAINT POLICY

ADA Complaint Policy

Title II and III of the American Disability Act of 1990 (ADA) provides that no entity shall discriminate against an individual who a disability in connection with the provision of transportation services. The law sets forth specific requirements for vehicle and facility accessibility and the provision of services including access to fixed bus routes and complementary paratransit services. DART is committed to providing safe and reliable transportation to all people without discrimination based on disabilities.

Delano Area Rapid Transit Responsibility

If DART receives a complaint regarding discrimination against an individual under the ADA, we will respond within 30-days of receiving complaint and will work to resolve the issue with the complainant as quickly as possible. This may involve legal assistance and/or mediation. We will document all of the process including the resolution and will notify City Manager of the complaint and the resolution. We will keep the complaints filed for at least five years. Records will be made available upon request.

The attached flyer will be posted in all public buses and facilities.

FLYER TO BE POSTED IN ALL PUBLIC BUSES AND FACILITIES

Delano Area Rapid Transit

Procedure to File a Complaint under the Americans with Disabilities Act (ADA)

If you believe you, or another person has been discriminated against under Title II and III of the American Disability Act of 1990 by Delano Area Rapid Transit or one of our employees, you can file a complaint by mail, fax or email at:

Viviana Zamora, Transit Manager

PO Box 3010

Delano, CA 93216

Fax: (661)721-2590

vzamora@cityofdelano.org

Take the first step: Before filling your complaint, you may contact the DART Transit Manager, to discuss your concerns. The ADA Coordinator can look into the issue and try to come up with an acceptable resolution to the situation. If you would like additional information, you may contact DART Transit Manager.

You can file a complaint against Delano Area Rapid Transit using the following procedures:

1. File a written complaint with the DART Transit Manager as soon as possible, but no later than 60 calendar days after the alleged violation.
 - The written complaint should be submitted by the grievant and/or designee.
 - Alternatives means of filing complaints- such as a personal interview or a tape recording- will be made available on request by people with disabilities.
 - The written complaint should contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem.
 - Within 15 calendar days after receiving the complaint, a DART Transit Manager will meet with the complainant to discuss to complaint and possible resolutions.
 - Within 15 calendar days of the meeting, the DART Transit Manager will respond in writing or by other appropriate accessible format. The response will explain the position of DART and offer options for substantive resolution of the complaint.
 - If the response by the DART Transit Manager does not resolve the issue, the complainant and/or designee may appeal the decision within 15 calendar days after receiving the response to the Federal Transit Administration Office for Civil Rights.
 - All written documents in the process will be retained by the Delano Area Rapid Transit for at least one year.

Alternative format and language translations for this document are available on request

If additional information is requested, the following will be provided.

What information should my ADA complaint include?

Provide the following information:

- A. Your full name, address, the telephone numbers where we can reach you during the day and evening, and the name of the party discriminated against (if known);
- B. If known, the name of the person you believe has committed the discrimination;
- C. A brief description of the acts of discrimination, the dates they occurred;
- D. Other information you believe necessary to support your complaint, including copies (not originals) of relevant documents; and
- E. Information about how to communicate with you effectively. Please let us know if you want written communication in a specific format (e.g., large print, Braille, electronic documents).

To guide you in providing the requested information, you may use the attached complaint form. (Attachment A)

How do I file an ADA complaint by mail?

Include all of the information listed above, either in the body of the email or in an attachment. Attach relevant documents to your email. Send your complaint to vzamora@cityofdelano.org. You will receive a reply email confirming that your complaint has been received within 48 business hours. Please keep a copy of your complaint and the reply email for your records. If you do not receive a reply email, please contact Delano Area Rapid Transit at transportation@cityofdelano.org.

What happens after my complaint is received?

After the complaint is received, we will inform you of our action, which may include:

- A. Contacting you for additional information or copies of relevant documents;
- B. Working with you to resolve the issue;
- C. Referring your complaint for possible resolution through the an ADA Mediation Program; or
- D. Referring your complaint to another federal agency with responsibility for the types of issues, you have raised.

How can I find out the status of my complaint?

We will review each complaint carefully. If you have not heard from us within three weeks, please contact us at (661)721-2602.



Attachment A

**Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form**

Instructions: Please fill out this form completely, sign and mail, fax, or email to:
Viviana Zamora, Transit Manager
PO Box 1030
Delano, CA 93215
Fax:(661)721-2602
vzamora@cityofdelano.org

Complainant: _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____

Business: _____

Person Discrimination Against: _____
(If other than the complainant)

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____

Business: _____

When did the discrimination occur? Date: _____



Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

Signature: _____

Date: _____

