

ADA/§504 Complaint Procedures

These procedures cover all complaints filed under the Americans with Disabilities Act of 1990 (ADA), as amended, and §504 of the Rehabilitation Act of 1973 (§504), as amended, for alleged discrimination in any program or activity administered by Hampton Roads Transit.

The following is a summary of the procedures that HRT uses for investigation and resolution of ADA/§504 customer complaints.

1. Any person who believes she or he has been discriminated against on the basis of disability by Hampton Roads Transit (hereinafter referred to as "HRT") may file an ADA/§504 complaint by completing and submitting the agency's ADA/§504 Complaint Form. Under Federal Regulations, complaints must be received within 180 days of the alleged incident and must be complete.
2. Once the complaint is received, HRT will review it to determine if our office has jurisdiction.
3. If more information is needed to resolve the case, HRT may contact the complainant. The complainant has 30 business days from the date of the letter to send requested information to the ADA Compliance Specialist. If HRT is not contacted by the complainant or does not receive the additional information within 30 business days, HRT can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
4. After the allegation is reviewed and investigated, the complaint will receive a response.
5. If the Complainant wishes to appeal the decision, they will have 90 days from the date of the response. An appeal or complaint may also be filed directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.



HAMPTON ROADS TRANSIT

ADA/§504 Complaint Form

Section I

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Home Telephone No: (____) _____ - _____

Work Telephone No: (____) _____ - _____

Please check below if you have any accessible format needs:

Large Print TDD Audio File 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 "no", please supply the name and relationship of the person for whom you are complaining:

Name: _____

Relationship: _____

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



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Section III

I believe the discrimination I experienced was based on a disability or other ADA protected service as follows:

Yes No

Date/Time of Alleged Incident: _____

Please state the location of incident to include details on HRT transit service (Light Rail, Bus, Ferry, Paratransit), HRT facility name/location, route number, vehicle number, and bus stop number as applicable:

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 attach an additional sheet of paper. You may attach any written materials or other information that you believe to be relevant to your complaint.



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Section IV

Have you previously filed this complaint with this Agency?

Yes No

Section V

Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal agency Federal court

State agency State court

Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Work Telephone No: (_____) _____ - _____



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Section VI

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

Signature and date required below.

Signature

Date

Please mail this form to:

ADA Compliance Specialist

Hampton Roads Transit

509 East 18TH Street, Building 1

Norfolk, VA 23504

ATTN: Ms. Danielle Hill

If you have any questions, please contact the HRT ADA Compliance Specialist at (757)222-6000, dial 711 for TTY provided by Virginia Relay.

For Office Use Only

Date Received _____

Received by _____

Case Number _____

Close Date _____