



## ADA COMPLAINT FORM

Any person who believes that they have been discriminated against or denied full participation in transportation based on disability by Valley Transit District may file an ADA complaint. ADA Complaints may be submitted the ADA Complaint Office by mail or by email:

Valley Transit District  
Office Administrator  
41 Main Street  
Derby, CT 06418

Email: [howarewedoing@valleytransit.org](mailto:howarewedoing@valleytransit.org)

### 1.Contact Information

Complainant Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### 2.Third Party Completion

Are you filing this complaint on you own behalf?

Yes\_\_\_ No\_\_\_ If you answered Yes, please proceed to Section 3.

Please supply the name and relationship of the person for whom you are complaining: \_\_\_\_\_

\_\_\_\_\_

Please explain why you have filed for a third party: \_\_\_\_\_

\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party: \_\_\_\_\_

### 3. Comment Details

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Name/ID of Employee(s) or Others Involved: \_\_\_\_\_

If Name of employee is unknown, please provide descriptive information to help identify employee(s):

\_\_\_\_\_

Vehicle Number: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Mobility Aid Used: \_\_\_\_\_

Explain as clearly as possible what happened, how you feel you were discriminated against and who was involved. Please include how other persons were treated differently from you: \_\_\_\_\_

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Please provide the names, addresses, and telephone numbers of any witnesses.

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#### 4. Follow Up

May we contact if we need more details or information: Yes\_\_\_ No\_\_\_

What is the best way to reach you (Choose one) Phone\_\_\_ Mail\_\_\_ Email\_\_\_

If a call is preferred, what is the best day and time to reach you? \_\_\_\_\_

Once the investigation is completed, what is the best way to provide you the response?

Phone\_\_\_\_\_ Mail\_\_\_\_\_ Email\_\_\_\_\_

You may use additional sheets of paper if necessary.  
Please include any written materials pertaining to your complaint.

#### 5. ADA Complaint Process

Complaints must be filed within 180 calendar days of the alleged incident. Upon receipt of an ADA complaint, Valley Transit District will review the submitted information within 15 business days and send the complainant an acknowledgement letter informing them whether or not the alleged discrimination is found to be a violation of ADA regulations. If the alleged discrimination is found to violate ADA regulations, Valley Transit District will complete an investigation within 60 calendar days of receipt of the complaint. Once the investigator has reviewed a complaint, they will issue one of two letters to the complainant: 1) a closure letter or 2) a letter of finding (LOF). A closure letter summarizes the allegations stating that no ADA violation occurred and that the case will be closed. A LOF summarizes the allegations and the interviews concerning the alleged incident, and explains what, if any, corrective action, additional training of staff members, or other action will occur. If the complainant wishes to appeal Valley Transit District's decision, they will have 10 business days from the date of the letter to do

so. In addition to filing an ADA complaint with the Valley Transit District, an ADA complaint may also be filed directly with the Federal Transit Administration (FTA): Federal Transit Administration Office of Civil Rights Attn: Complaint Team East Building, 5th Floor – TCR 1200 New Jersey Avenue, SE Washington, DC 20590

#### 6. Record Retention

Valley Transit District will retain all ADA complaints for 3 years from the date the investigation was completed.