



# **ADA Compliance Program**

Most recent update: June 27, 2016

June 27, 2016

THE CITY OF LANCASTER, PUBLIC TRANSIT

## Notifying the Public of Rights ADA

- The City of Lancaster operates its programs and services in accordance with ADA, 49 CFT Parts 27, 338, and 39. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under ADA may file a complaint with the City of Lancaster.
- For more information on the City of Lancaster civil rights program, and the procedures to file a complaint, contact the ADA Coordinator/Transit Director at 740-681-5086, (TTY 800-750-0750); email [cwoody@ci.lancaster.oh.us](mailto:cwoody@ci.lancaster.oh.us); or at 746 Lawrence Street, Lancaster, Ohio 43130. For more information, visit <http://www.ci.lancaster.oh.us/242/Transit>
- If information is needed in another language, contact 740-681-5086.
- Notification: The City of Lancaster has posted information onto our website and in all of our public transit vehicles pertaining to the Public Rights under ADA. We have also added ADA information to our public transit brochures as of December 2012.

## ADA Complaint Procedure

Any person who believes she or he has been discriminated against on the basis of disability by the City of Lancaster, Public Transit (hereinafter referred to as “the City”) may file an ADA complaint by completing and submitting the agency’s ADA Complaint Form. The City of Lancaster investigates complaints received no more than 30 days after the alleged incident. The City will process complaints that are complete.

Once the complaint is received, the City will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The City has 15 business days to investigate the complaint. If more information is needed to resolve the case, the City may contact the complainant. The complainant has 15 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 15 business days, the City can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not an ADA violation and that the case will be closed. A LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has 15 business days after the date of the letter or the LOF to do so.

For transportation-related ADA matters, a person may also file a complaint directly with the Ohio Department of Transportation, at ODOT Office of Equal Opportunity, Attention: ADA Coordinator, 1980 West Broad Street, Columbus, OH 432230

# ADA Complaint Form

Lancaster-Fairfield Public Transit is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 740-681-5086, visit our administrative office, or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response.

Carrie Woody, ADA Coordinator/Director; 746 Lawrence Street, Lancaster, OH 43130; [cwoody@ci.lancaster.oh.us](mailto:cwoody@ci.lancaster.oh.us)

SECTION I: TYPE OF COMMENT (Choose One)*				
Compliment ___	Suggestion ___	Complaint ___	Other: _____	ADA Related? Y / N
SECTION II: CONTACT INFORMATION				
Salutation [Mr./Mrs./Ms., etc.]:				
Name:				
Rider ID (if applicable):				
Street Address:				
City, State, Zip code:				
Phone:			Email:	
Accessible Format Requirements:	Large Print ___	TDD/Relay ___	Audio Recording ___	Other _____
SECTION III: COMMENT DETAILS				
Transit Service (Choose One) [as applicable] [Bus/Subway/Paratransit]*				
Date of Occurrence:			Time of Occurrence:	
Name/ID of Employee(s) or Others Involved:				
Vehicle ID/Route Name or Number:				
Direction of Travel:				
Location of Incident:				
Mobility Aid Used (if any):				
If above information is unknown, please provide other descriptive information to help identify the employee:				
Description of Incident or Message [Text box on web form for narrative]:				
SECTION IV: FOLLOW UP				
May we contact you if we need more details or information?			Yes	No
What is the best way to reach you? (Choose One)*		Phone	Email	Mail
If a phone call is preferred, what is the best day and time to reach you?				
SECTION V: DESIRED RESPONSE (Choose One)*				
-Email response -Telephone response -Response by U.S. Postal Mail				

**LIST OF TRANSIT-RELATED ADA INVESTIGATIONS, COMPLAINTS, AND LAWSUITS (GENERAL REQUIREMENT)**

<b>Period: 1/1/2015- 6/27/2016</b>	<b>Date (Month, Day, Year)</b>	<b>Summary (include basis of complaint: race, color, or national origin)</b>	<b>Status</b>	<b>Action(s) Taken</b>
<b>Investigations</b>	<b>NONE</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
1.				
2.				
<b>Lawsuits</b>	<b>NONE</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
1.				
2.				
<b>Complaints</b>	<b>NONE</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
1.				
2.				

\*Send a copy of the Investigations, Lawsuits and Complaint table (see below) to [david.walker@dot.ohio.gov](mailto:david.walker@dot.ohio.gov).