

Troup Transit ADA/Title VI Complaint Form

Troup Transit ADA / TITLE VI COMPLAINT FORM

Background

Recipients must create and make available an Americans with Disabilities Act (ADA) / Title VI Complaint Form for use by customers who wish to file an ADA / Title VI complaint. The complaint form shall be available on the recipient's website. A recipient's ADA / Title VI Complaint Form shall specify the type of complaint, ADA or Title VI.

The Civil Rights of 1964 (Title VI) identifies the three classes protected by Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination.

If any of the Limited English Proficient (LEP) populations in our service area meet the Safe Harbor threshold (see Chapter III), then the procedure will be provided in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold

This form is also used for Americans with Disabilities Act (ADA) complaints. The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any Troup Transit program, service or activity.

The Troup County Board of Commissioners is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964 (Title VI) as well as providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call the ADA/Title VI Coordinator at (706) 298-7268. Once completed, return a signed and dated copy to:

*ADA / Title VI Coordinator
Troup Transit
144 Sam Walker Dr.
Lagrange, GA 30241*

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call (706) 298-7268.

What is the nature of your complaint ADA or Title VI? Please check one of the following below:

ADA___ or Title VI___

[FOR OFFICE USE ONLY]
Complaint No. _____

Part I.

Name			
Address			
Telephone (Home)		Telephone (Work)	
Electronic Mail Address:			
Accessible Format Requirements?			
TDD	Large Print	Audio Tape	Other

Part II.

Are you filling 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 complaining:		
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

Part III.

I believe the discrimination I experienced was based on (check all that apply):
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month, Day, Year):

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 use the back of this form.

* You may use the back of this document for addition comments or attach any written materials or other information you think is relevant to your complaint.

Part IV

Have you previously filed an ADA / Title VI complaint with this agency?	Yes	No
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Part 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:

Telephone:

Part VI

Name of agency complaint is against: _____

Contact person: _____ Title: _____ Telephone number: _____

To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.

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

*ADA/Title VI Coordinator
Troup Transit
144 Sam Walker Dr.
LaGrange, GA 30241*

ADA / Title VI Complaint Form

Troup Transit's ADA / Title VI complaint form information is available in English on Troup County Georgia's website and presented in this report. Troup Transit will also provide access to translation of the ADA / Title VI complaint form into other languages if needed.