

ADA COMPLAINT RESOLUTION PROCEDURE

In compliance with Title II of the Americans with Disabilities Act of 1990 ("ADA"), Middletown Transit District (MTD) is committed to providing the highest quality ADA Paratransit service to qualified individuals with a disability. In addition, the MTD is committed to ensuring that no person is denied access to its services on the basis of their disabilities. If an ADA passenger's experience with MTD's paratransit service is perceived as less than satisfactory or in alleged violation of the ADA, he/she may file a complaint by following the procedure outlined below.

Filing a Complaint

An ADA passenger wishing to file a complaint regarding an ADA trip, reservation experience, or other aspect of the Paratransit service, may contact MTD:

- By calling (860) 346-0212, ext. 103, Monday thru Friday, 8:00 a.m. – 5:00 p.m. (For the hearing impaired, please dial Relay of Connecticut at 1-800-833-8134.)
- Via email at achiaravallo@mtdct.org
- Via fax at (860) 347-8314
- By writing: Middletown Area Transit
340 Main Street
Middletown, CT 06457

When submitting a complaint in writing, the preferred method is to use the ADA Complaint Form (provided below). If you as the complainant would like to submit a complaint in writing but are unable to write a complaint, a representative at MTD will assist you with the complaint. Middletown Transit District is committed to providing open access to its services to persons with limited ability to speak or understand English; if requested by the complainant, the District's Title VI Coordinator will provide language translation services.

Alleged ADA compliance violations should be reported as soon as possible following the incident; ADA passengers should not delay when wishing to file a complaint. Details such as the day of the week, date, and time of all incidents should be included. Any additional relevant information available to provide to MTD will be helpful.

Investigations

All ADA complaints will be investigated promptly upon receipt by a designated employee at the MTD. General Service complaints will be distinguished from those that rise to the level of potential noncompliance with ADA requirements, and complaints of discrimination will be fully investigated. Complaint investigations may include communications with parties involved (e.g. the complainant as well as pertinent operations staff). If necessary or requested, MTD will set up a meeting with the complainant to review all pertinent information. Results of the meeting will be documented and a resolution may be agreed upon at that time.

Additional Interviewing and Communication

Based on the complainant meeting or facts that emerge from witness statements, the Administrator may initiate additional fact-finding in order to resolve the complaint. Vehicle maintenance records and the driver's personnel file will be reviewed and all information will be utilized in crafting any resolution. The Administrator will call the passenger directly during this investigative stage, if necessary, to receive additional information, as required. Resolution, with reasons, may also occur at this time, at the discretion of the Administrator.

Exploration of Remedy

If a passenger complaint is the result of a preventable action on the part of an employee, the Administrator will be informed so that appropriate retraining and/or progressive disciplinary action may take place. Prior properly investigated complaint findings may be used as training curricula. The complainant and MTD, directly at time of resolution, will be made aware of any remedy(ies) put into effect, and the reasons.

The Administrator will review the proposed resolutions to all complaints in the periodic staff meetings to ensure compliance with all service policies and procedures. Additional steps may be taken to maintain compliance that may include supervisor monitoring and/or a review of operating procedures, maintenance procedures, and technical specifications to identify any needed changes.

Resolution

Following the investigation, a representative from MTD will promptly communicate its response to the complaint allegations, including its reasons for the response. A resolution will occur when the Administrator has determined that the cause of the complaint is understood, that the appropriate department(s) have taken action to ensure that measures are in place to prevent the problem from recurring.

All complaints of noncompliance received will be documented and kept on file for one (1) year. A record of all complaints will be kept for five (5) years.

Accessible format

If an ADA passenger who wishes to file a complaint requires a copy of this Complaint Resolution Procedure in an alternate format or in a language other than English, please call (860) 346-0212.

The District's local ADA Complaint Procedure is consistent with the revised Department of Transportation (DOT) ADA requirements in 49 CFR 37.17.

ADA COMPLAINT RESOLUTION FORM

Middletown Transit District is committed to providing safe and reliable ADA Paratransit services. Use this form for suggestions, compliments, and complaints. Please provide us with your contact information in order to receive a response.

Middletown Area Transit, 340 Main Street, Middletown, CT 06457
(860) 346-0212, extension 103, achiaravallo@mtdct.org

SECTION I: TYPE OF COMMENT (Choose One)*			
Compliment Suggestion Complaint Other (please explain):			
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			
Information required in language other than English? If so, indicate language:			
SECTION III: COMMENT DETAILS			
Date of Occurrence:		Time of Occurrence: am/pm	
Mobility Aide used (if any):			
Name of Employee(s):			
Vehicle ID / Route Name or Number:		Direction of Travel:	
Location of Incident:			
If above information is unknown, please provide other descriptive information to help identify the employee:			
Description of Incident or Message:			
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 Postal 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 US Postal Mail	
SECTION VI: OTHER COMPLAINTS FILED			
Have you filed a complaint with any other federal, state, or local agencies? Yes No			
If so, list agency/agencies and contact information below:			
Agency:		Contact Name:	
Street Address		City State Zip Code	
Phone			
Agency:		Contact Name:	
Street Address		City State Zip Code	
Phone			