**AMERICANS WITH DISABILITIES (ADA) ACT COMPLAINT FORM**

Fairfield County Transit is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by Title VI of the Americans with Disabilities Act of 1990. ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact Fairfield County Transit System at 803-635-6177. The completed form may be returned to the Fairfield County Human Resource at PO Drawer 60, Winnsboro, SC 29180. You may also submit this form via fax at 803-635-5056.

Complainant

Street Address

Phone Number

Person preparing complaint (if different from Complainant)

Date of Incident

Please describe the alleged discriminatory incident, including the location, if applicable. Provide the names and titles of Fairfield County Transit System employees or representatives, if available.

**ADA / Disability Complaint Procedure**

Any person who believes she or he has been discriminated against on the basis of a disability by Fairfield County Transit System may file a ADA/ Disability complaint by completing and submitting the agency’s ADA/ Disability Complaint Form.

The County of Fairfield investigates complaints received no more than 180 days after the alleged incident. The County of Fairfield will process complaints that are complete.

Once the compliant is received, the County of Fairfield 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 County of Fairfield has 60 working days to investigate the complaint. If more information is needed to resolve the case, the county may contact the complainant.

The complainant has 30 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 60 business days, the county 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.

* A closure letter summarizes the allegations and states that there was not a ADA/Disability violation and that the case will be closed.
* A letter of finding 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 seven calendar days after the date of the letter or the letter of finding to do so.

A person may also file a complaint directly with the Federal Transit Administration at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

**ADA / Disability Compliant Form**

Fairfield County Transit System assures that no person shall on the grounds of a disability be excluded from participation in , be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, as provided by ADA/ Americans with Disabilities Act that was signed into law on July 26, 1990.

Any person(s) or organization(s) believing they have been a victim of discrimination based on a disability may file a complaint with the Human Resources Department of Fairfield County of Civil Rights.

Complaints can be filed by calling the Fairfield County Human Resource Department at 803-712-6507. You can also complete the complaint form below and mail or drop off at:

Fairfield County, Attn: ADA/ Human Resource Department, PO Drawer 60, Winnsboro, SC 29180.

|  |
| --- |
| Name: |
| Address: |
| Telephone (Home): | Telephone (Work): |
| Email Address: |
| Accessible Format Requirements? | Large Print | Audio Tape |
| TDD | Other |
| Are you filing this complaint on your own behalf? | Yes | No |
| 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 |

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 needed, please use the back of this form.

I believe the discrimination I experienced was based on (check all that apply):

{ } Disability { } Other

Date of Incident (month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and date required below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date