



Western Iowa Transit
1009 East Anthony Street, PO Box 768, Carroll, IA 51401
Phone: (712) 792-9914

ADA Complaint Process

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38 and 39), and Section 504 of the Rehabilitation Act of 1973, as amended, WIT ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of disability may file an ADA complaint.

Complaints may be submitted by filing an ADA Complaint Form online, by downloading an ADA Complaint Form at www.region12cog.org/public-transit, or by calling 712-792-9914 (TTY/TDD 800-735-2942). If the complainant is unable to write a complaint, a representative may file on his or her behalf, or WIT staff will provide assistance. Complaints must be filed within 180 calendar days of the alleged incident.

1. The ADA Coordinator will contact the complainant within 10 business days of receipt of complaint. Any requested information must be received by WIT within 5 days of request*.
2. WIT will begin the investigation within 15 business days of receipt of complaint if the alleged discrimination is found to be a violation of ADA regulations.
3. An investigation into the complaint will be conducted and documented to determine whether WIT failed to comply with ADA regulations.
4. WIT will complete the investigation within 60 calendar days of receipt of complaint. If additional time is needed for the investigation, the complainant will be notified.
5. WIT will promptly communicate its response to the complainant, including its reasons for the response. The complainant will have 5 business days from receipt of WIT's response to file an appeal. If no appeal is filed, the complaint will be closed

*WIT will process and investigate all complaints that meet the requirements of ADA discrimination. If the complainant fails to provide required information within the required time frame, the complaint may be closed.

All the information involved with this process will be kept confidential.

Section IV		
Have you previously filed an ADA complaint with WIT?	Yes	No
Contact name:	Telephone number:	
Section V		
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Federal Court: _____	
<input type="checkbox"/> State Agency: _____	<input type="checkbox"/> State Court: _____	
<input type="checkbox"/> Local Agency: _____	<input type="checkbox"/> Local Court: _____	
Please provide contact information for the person you spoke to at the above agency:		
Name:	Title:	
Agency:		
Address:		
Telephone:		

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

Signature

Date

If you need assistance completing this form, contact:
 Western Iowa Transit at: 712-792-9914.
 Language assistance is also available.
 For TDD/TYY communications please contact:
 Iowa Telecommunications Relay Service at
 800-735-2942 or email mcleveland@region12cog.org
 Please submit this form in person or by mail to:
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 PO Box 768
 Carroll, IA 51401