

Gateway Community Action

MOCO Transit

ADA Complaint Procedure

ADA Complaint Procedure and Form

Accommodations are made to serve persons with disabilities in compliance with the Americans with Disabilities Act (ADA) and Section 504. Section 504 of the Rehabilitation Act of 1973 (Section 504), Titles II and III of the Americans with Disabilities Act of 1990 (ADA) and related Federal and State Laws and Regulations provide that no entity shall discriminate against an individual with a disability in connection with the provision of transportation service. This law requires federal aid recipients and other government entities to take affirmative steps to reasonably accommodate the disabled and ensure that their needs are equitably represented.

Gateway Community Action (GCA) endeavors to ensure that its facilities, programs, and services are available to those with disabilities in accordance with the Americans with Disabilities Act (ADA). If you feel that your ADA protection has been violated, you may file a complaint with the GCA Chief Compliance Officer. The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact info@gatewaycaa.org or call 800-927-1833. The completed form must be returned to Gateway Community Action, Attention: Chief Compliance Officer, 151 University Dr., PO Box 367, West Liberty, KY 41472

The complaint procedure will be made available to the public at www.gatewaycaa.org.

Gateway Community Action Agency

ADA/Section 504 Program Complaint Form

Section 1

Name:

Address:

Telephone (Home/Cell):

Telephone (Work):

Email:

Section II

Are you filing this complaint on behalf of yourself? Y/N

If you answered yes, go to Section III.

If you answered no, please supply the name and relationship of the person for whom you are filing:

Name:

Relationship:

Section III

If you believe you were discriminated against based on a disability, please provide as much detail as possible.

Date of alleged discrimination:

Time of alleged discrimination:

Location of alleged discrimination:

Name of employee involved:

Explain as clearly as possible what happened and why you believe you were discriminated against.

Section IV

Have you ever filed an ADA complaint with Gateway Community Action? Y/N

If yes: Contact Name_____ Phone_____

Section V

Have you filed a complaint with any other federal, state, or local agency or with any other federal or state court? Y/N

If yes, please check all that apply:

- Federal Agency _____
- State Agency _____
- Local Agency _____
- Federal Court _____
- State Court _____
- Local Court _____

Please provide the contact information for the person you spoke with at the above agency (ies).

Name:

Title:

Agency:

Address:

Telephone: