

## **AMERICANS WITH DISABILITIES ACT (ADA) POLICY AND COMPLAINT PROCEDURES**

### **ADA POLICY**

It is the policy of Hazleton Public Transit (HPT) to comply with all provisions of the Americans with Disabilities Act (ADA) and related statutes. HPT prohibits discrimination in all of its programs and services on the basis of a disability. HPT will take all steps reasonable necessary to ensure the disabled community has ready access to HPT's transportation services.

It is the policy of HPT, when viewed in its entirety (services, programs, facilities, and communications) to provide equivalent service to individuals with disabilities, including individuals who use wheelchairs. Services will be readily accessible and usable to individuals with disabilities to the maximum extent possible whether provided directly or by a contracted service provider.

For more information on HPT's ADA Program, obligations, procedures and/or to file a complaint, please:

- Call (570) 459-5414,
- Mail complaint form to:  
Ralph Sharp, Director  
ADA Coordinator  
Hazleton Public Transit  
126 West Mine Street  
Hazleton, PA 18201,
- E-mail:  
[ralph@hazletoncity.org](mailto:ralph@hazletoncity.org), or
- Visit our administrative office at 126 West Mine Street, Hazleton, PA 18201.

Complaint procedures and forms are also available on HPT's website at [www.ridehpt.com](http://www.ridehpt.com).

A complaint may also be filed directly with the Federal Transit Administration at the following address:

Federal Transit Administration Office of Civil Rights  
Attention: Complaint Team  
East Building, 5th Floor - TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590

If information is needed in another language, please call (570-459-5414).  
Si se necesita información en otro idioma, por favor llame al (570-459-5414).

## **AMERICANS WITH DISABILITIES ACT (ADA)**

### **ADA COMPLAINT INSTRUCTIONS AND PROCEDURE**

If information is needed in another language, please call (570-459-5414).  
Si se necesita información en otro idioma, por favor llame al (570-459-5414).

#### **ADA COMPLAINT INSTRUCTIONS**

Any person who believes she or he has been discriminated against on the basis of disability by HPT may file an ADA complaint by contacting HPT. HPT investigates complaints that are filed no later than 180 calendar days following the date of the incident in question.

HPT prohibits retaliation against individuals because they have filed a discrimination complaint or otherwise participated in a discrimination investigation. Any alleged retaliation should be reported to HPT's ADA Coordinator.

#### **How to file a complaint:**

A complaint can be filed by contacting HPT:

- Call (570) 459-5414,
- Mail complaint form to:  
Ralph Sharp, Director  
ADA Coordinator  
Hazleton Public Transit  
126 West Mine Street  
Hazleton, PA 18201,
- E-mail:  
[ralph@hazletoncity.org](mailto:ralph@hazletoncity.org), or
- Visit our administrative office at 126 West Mine Street, Hazleton, PA 18201.

The preferred method is to file a complaint in writing by completing HPT's ADA Complaint Form. If you do not use HPT's ADA Form, you will need to provide the following information:

- Contact information including name, mailing address, telephone number(s) and e-mail address, etc.);
- A description of how, when, where and why you believe you were discriminated against including location, names and contact information of any witnesses; and
- Other information that you deem significant or important.

You also have the right to file a complaint directly with the Federal Transit Administration at the following address:

Federal Transit Administration Office of Civil Rights  
Attention: Complaint Team  
East Building, 5th Floor - TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590

## ADA COMPLAINT PROCEDURE

1. When a complaint is received by HPT, the ADA Coordinator will provide written acknowledgement within ten (10) days by registered mail. If a complaint is incomplete, additional information will be requested, and the Complainant will be provided thirty (30) business days to submit the required information. If the information is not received within 30 business days, the case can be administratively closed by HPT. A case can also be administratively closed if the complainant no longer wishes to pursue their case.
2. Should a complaint be filed with HPT and an external entity simultaneously, the external complaint shall supersede HPT's complaint and HPT's complaint procedures will be suspended pending the external entity's findings.
3. Within fifteen (15) business days from receipt of a complete complaint, a determination will be made if the complaint has sufficient merit to warrant investigation as a ADA complaint. The Complainant will be notified of the decision, by registered mail within five (5) days of the date the decision is made. If the decision is not to investigate as a ADA complaint, the notification shall specifically state the reason for the decision.
4. Investigation
  - a. The investigation will address complaints against HPT and be conducted in conjunction with and under the advice of the City Administrator.
  - b. The investigation may include discussion(s) of the complaint with all affected parties to determine the problem. The Complainant may be represented by an attorney or other representative of his/her own choosing and may bring witnesses and present testimony and evidence in the course of the investigation.
  - c. The investigation will be conducted and completed within sixty (60) days of the acceptance of the formal complaint.
  - d. Based upon all the information received, an investigation report will be written.
5. The Complainant will receive a letter stating the final decision by the end of the 60-day limit.
6. The Complainant shall be notified of his/her right to appeal the decision.

**ADA COMPLAINT FORM**

**Section 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Telephone (Home): \_\_\_\_\_ Telephone (Alternate): \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

If you require accessible format(s), please check the appropriate box(es):

Large Print  Audio Tape  TDD  Other, please specify \_\_\_\_\_

**Section 2**

Are you filing this complaint on your own?  Yes (If yes, Go to Section 3)  No (If no, go to next line)

Please provide the name and address of the person who alleges discrimination:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Please explain why you are filing this claim for a third party:

Please confirm that you have obtained permission.  Yes  No

**Section 3**

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

Disability  Other, please describe: \_\_\_\_\_

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 and 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 the form or another sheet of paper.

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

**Section 4**

Have you previously filed a complaint with Hazleton Public Transit (HPT)?  Yes  No

**Section 5**

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 and provide the name of the agency or court:  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: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Section 6**

*You may attach any written materials or other information that you think is relevant to your complaint.*

I affirm that I have read the above and that it is true to the best of my knowledge, information and belief.

**Signature and date required.**

\_\_\_\_\_  
Complainant's Signature Date

Please submit this form and any additional materials in person or mail to: ADA Coordinator, Hazleton Public Transit, 126 West Mine Street, Hazleton, PA 18201.

**Si se necesita información en otro idioma, por favor llame al (570-459-5414).**

**Hazleton Public Transit's use only:** Date Received: \_\_\_\_\_ Person receiving complaint: \_\_\_\_\_