

# **West Central Mass Transit District Consumer ADA Complaint Procedures and Modification Forms**

## **Policy and Procedures:**

West Central Mass Transit District is committed to providing equal access and opportunity to qualified individuals with disabilities in all programs, services and activities, as provided by the Americans with Disability Act (ADA).

ADA transportation service complaints received by West Central Mass Transit District will be investigated immediately with every effort made to seek an appropriate and prompt resolution. By promptly identifying deficiency areas, West Central Mass Transit District will work to make the necessary corrections or adjustments to alleviate the situation.

WCMTD may allow the reasonable modification of its policies to accommodate the special needs of persons with disabilities in order to allow them to fully utilize our services as required by 49 CFR Part 37.5(i.3). Whenever possible a request for a reasonable modification or accommodation shall be filed/requested in advance by contacting us.

All ADA Transportation service complaints shall be submitted in writing on the agency's complaint form and returned either by mail or in person to:

Human Resources Manager	217-245-2900
WCMTD ADA Compliance	jklingler.wcmttd@gmail.com
1120 W Walnut	Office hours: 8:00 am – 2:30 pm
Jacksonville, IL 62650	

The following information is necessary to assist us in processing your complaint. If assistance is required in completing this form, please contact the Human Resources Manager of West Central Mass Transit District at (217) 245-2900. For Illinois Relay please dial 711. Once completed the form must be returned to West Central Mass Transit District to the attention of Human Resources Manager at 1120 W Walnut, Jacksonville, IL 62650.

The investigative officer shall maintain a log of ADA complaints received from this process. This log will include:

- The date the complaint was filed
- A summary of the allegations
- The status of the complaint, and
- Actions taken by WCMTD in response to the complaint

Requests for reasonable modifications or accommodations will not be approved if the request would:

- fundamentally alter the nature of the service, program, or activity;
- create a direct threat to the health or safety of others;
- result in an undue financial and administrative burden;
- or the individual would still be able to fully use the services provided by WCMTD without the modification.

Should West Central Mass Transit District receive an ADA complaint in the form of a formal charge or lawsuit, the agency's attorney shall be responsible for the investigation and maintaining a log as described herein.

WCMTD/HR Manager/ADA

revised: 10/02/2020

Revised: 10/09/2020

Thank you for choosing the West Central Mass Transit District

**West Central Mass Transit District**  
**ADA Complaint Form**

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

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Person discriminated against (if someone other than complainant):

Name(s): \_\_\_\_\_

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

Date of Incident: \_\_\_\_\_

Please describe the alleged incident (attach additional pages if needed):

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*Continued ADA Complaint Form*

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 Person: \_\_\_\_\_

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

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

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

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

**Print or type name of complainant** \_\_\_\_\_

**For West Central Mass Transit District Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

# *West Central Mass Transit District*

West Central Mass Transit District is committed to providing safe, reliable, courteous, accessible and user-friendly services to its customers. To ensure equality and fairness, WCMTD is committed to making reasonable modifications to its policies, practices and procedures to avoid discrimination and ensure programs and services are accessible to individuals with disabilities. Complaints regarding ADA Policy can be made by using this form or contacting us by phone.

Preferred Contact Method (select one):  Email  Phone  US Mail

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

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

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

City: State: Zip Code: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_

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

Briefly describe your ADA reasonable modification complaint in order to use the bus service:-

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Please send this form via US Mail, email or deliver in person using the contact information below. You may attach any written materials or other information that you think is relevant to your complaint to this form.

## WCMTD Human Resources Contact Information

### US Mail

ATTN: Human Resources Manager  
WCMTD  
1120 W Walnut  
Jacksonville, IL 62650

### Phone

217-245-2900

### Email

jklingler.wcmttd@gmail.com

Office hours: 8:00 am – 2:30 pm

WCMTD/HR Manager/ADA

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