

Warren County Transit Service

American with Disabilities Act of 1990 (ADA) Complaint Form

Please send this form to:
Warren County Transit Service
406 Justice Drive
Lebanon, OH 45036

OR

Email: wctransit@co.warren.oh.us

The Federal Transit Administration Office of Civil Rights is responsible for ensuring that providers of public transit properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

If there is a complaint, the complainant has 180 days to file it with Warren County Transit Service. WCTS will investigate and analyze the allegations for possible deficiencies. If deficiencies are identified, WCTS has thirty days to respond and correct the inadequacies.

Section I		
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Accessible Format Requirements: Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other <input type="checkbox"/> _____		
Section II		
Are you filing this complaint on your own behalf? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answered yes, please go to Section III.		
If not, please supply the name and relationship of the person from whom you are making a complaint:		
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 <input type="checkbox"/> No <input type="checkbox"/>		
Section III		
Please describe the situation as clearly as possible. Include names and contact information of key persons. If more space is needed, please attach an additional sheet to this form.		

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Section IV

Have you previously filed a Title VI complaint with this agency?

Yes No

If yes, please attach a copy of any response you received to your previous complaint. Please include any responses from Transit Provider, Department of Justice, Department of Transportation, and Equal Employment Opportunity Commission.

Have you filed a lawsuit regarding this complaint? Yes No

If yes, please provide the case number and attach any related material.

Case Number _____

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

By signing below, you are claiming that the information submitted is true and accurate to the best of your knowledge.

Signature and date required below.

Signature

Date

Please submit this form to the address below:

Warren County Transit Service
406 Justice Drive
Lebanon, OH 45036

OR

Email: wctransit@co.warren.oh.us

Phone: 513-695-1323