

ADA COMPLAINT FORM

Please print out this form, fill it out and mail it to: HARTransit, or ConnDOT, or the Federal Transit Administration.

Name:

Street Address:

City or Town/State/Zip Code:

Phone:

Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you including their titles (if known) or the lack of accessibility.

Please provide the names, addresses and telephone numbers of any witnesses.

Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other persons were treated differently from you.

Signature/Date _____

You may use additional sheets of paper if necessary. Also include any written materials pertaining to your complaint.

Address: HARTransit: ADA Complaint
62 Federal Road
Danbury, CT 06810

HARTransit

ADA Complaint Procedures

If you have a complaint about the accessibility of our transit system or service, or believe you have been discriminated against because of your disability, you can file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

A) Complaint Filing

- a. Any person who feels they have been subjected to discrimination under the Americans with Disabilities Act (ADA) or has a complaint about the accessibility of HARTransit system or services may file a complaint with the HARTransit CEO.
- b. A complaint must be filed within one hundred eight (180) days of the alleged incident.
- c. A complaint must be in writing on the HARTransit ADA Complaint Form and signed by the complainant or his/her representative, and include the complainant's name, address and telephone number. Complaints shall explain, as fully as possible, the facts and circumstances surrounding the alleged discriminatory action and individuals responsible for the alleged discriminatory action and names of any known witnesses.
- d. If you are unable to complete a written complaint due to a disability or if information is needed in another language, please contact us at 203-744- 4070 or info@hartransit.com for assistance.

B) Complaint Investigation

- a. HARTransit will review the complaint to determine if it is appropriate under the ADA.
- b. If the complaint conforms to ADA standards and all the required information is provided, then the complaint will be accepted.
- c. HARTransit may contact the complainant and witnesses if additional information is required.

C) Complaint Disposition

- a. All complaint and investigation correspondence will be retained by HARTransit.
- b. HARTransit will respond in writing to the complainant with the findings of the investigation within 90 days of receipt of the complaint.
- c. If the complainant disagrees with the findings, he/she may request reconsideration by submitting a request in writing to the CEO within ten (10) days of the date of HARTransit's letter. The request must include the basis for reconsideration. The CEO will notify you of the decision to accept or reject the request for reconsideration within ten (10) days. If granted, the CEO will issue a determination letter to the complainant upon completion of the reconsideration review.

D) Additional Complaint Options

HARTransit encourages you to file the complaint with us. However, you may file a complaint with the Federal Transit Administration.

Federal Transit Administration
Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590