



ADA Complaint Policy

Board Adopted March 14, 2019



ADA Complaint Policy

Title II and III of the American Disability Act of 1990 (ADA) provides that no entity shall discriminate against an individual with a disability in connection with the provision of transportation services. The law sets forth specific requirements for vehicle and facility accessibility and the provision of service, including access to fixed route bus and complementary paratransit service. Aequitas Mobility Services is committed to providing safe and reliable transportation to all people without discrimination based on disabilities.

Aequitas Mobility Services Responsibility

If Aequitas Mobility Services receives a complaint regarding discrimination against an individual under the ADA, we will respond within 30-days of receiving the complaint and will work to resolve the issue with the complainant as quickly as possible. This may involve legal assistance and/or mediation. We will document all of the process including the resolution and will notify our MDOT project manager of the complaint and the resolution. We will keep the complaint and all related documents on file for at least one year. We will keep a summary of all complaints filed for at least five years. Records will be made available to MDOT upon request. The attached flyer will be posted in all public buses and facilities.

If additional information is requested, the following will be provided.

What information should my ADA complaint include?

Provide the following information:

- A. Your full name, address, the telephone numbers where we can reach you during the day and evening, and the name of the party discriminated against (if known);
- B. If known, the name of the person you believe has committed the discrimination;
- C. A brief description of the acts of discrimination, the dates they occurred;
- D. Other information you believe necessary to support your complaint, including copies (not originals) of relevant documents; and
- E. Information about how to communicate with you effectively. Please let us know if you want written communications in a specific format (e.g., large print, Braille, electronic documents).

To guide you in providing the requested information, please use the attached complaint form. (Attachment A)



How do I file an ADA complaint by email?

Send your complaint through a completed complaint form. Please attach any relevant documents (including the complaint form) to your email. Email your completed complaint form and any relevant documents to scott@rideams.com. You will receive a reply email confirming that your complaint has been received within 48 business hours. Please keep a copy of your complaint and the reply email for your records. If you do not receive a reply email, please contact Aequitas Mobility Services at (269) 441-5387.

What happens after my complaint is received?

After the complaint is received, we will inform you of our action, which may include:

- A. Contacting you for additional information or copies of relevant documents;
- B. Working with you to resolve the issue;
- C. Referring your complaint for possible resolution through the ADA Mediation Program; or
- D. Referring your complaint to another federal agency with responsibility for the types of issues you have raised.

How can I find out the status of my complaint?

We will review each complaint carefully. If you have not heard from us within three weeks, please contact us at Aequitas Mobility Services at (269) 441-5387.



Attachment A

**Title II of the Americans with Disabilities Act
Section 504 of the
Rehabilitation Act of 1973
Discrimination Complaint Form**

Instructions: Please fill out this form completely, sign and mail,
or email to:

Scott Cubberly
Aequitas Mobility Services
4950 W. Dickman Rd Suite C-1
Battle Creek, MI 49037
scott@rideams.com

(269) 441-5387

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone:

Home: _____

Business: _____

Person Discriminated Against: _____

(if other than the complainant)

Address: _____

City, State and Zip Code: _____

Telephone:

Home: _____

Business: _____

When did the discrimination occur?

Date: _____



Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

Signature: _____
Date: _____



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