



HENRY COUNTY

AMERICANS WITH DISABILITIES ACT (ADA)

COMPLAINT PROCEDURES FORM

TYPE OR PRINT CLEARLY

Complaints about the accessibility of the Henry County Transit system or service, or complaints regarding believes of discrimination because of a disability, may filed with the Henry County Transit Department. Complainants must provide all facts and circumstances surrounding the issue or complaint so the incident can be fully investigated. For assistance with this form, or if information is needed in another language, call 770-288-7433.

COMPLETED FORMS MUST BE SUBMITTED TO ONE OF THE FOLLOWING:

Email	tsalters@co.henry.ga.us	Mail / In Person	Henry County Transit Department Attention: Transit Director 530 Industrial Blvd., McDonough, GA 30253
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HOW COMPLAINTS WILL BE HANDLED

Complaint forms must be signed and dated to be considered complete. Completed forms must be submitted no more than 180 days from the date of the alleged incident. All forms must be submitted to the Henry County Transit Department (HCTD). The HCTD will process only completed complaints.

Once a completed complaint is received, the HCTD will review and typically complete an investigation within 90 days from receipt of the complaint. If more information is needed to resolve the case, a representative from the HCTD may contact the complainant. Unless a longer period is specified by the HCTD, the complainant will have 10 days from the date of the request to send the requested information. If the requested information is not received, the HCTD may administratively close the case. A case may be administratively closed if the complainant no longer wishes to pursue it. After an investigation is complete, the HCTD will notify the complainant, in writing, summarizing the results of the investigation, stating the findings and advising of any corrective action taken as a result of the investigation.

OTHER OPTIONS FOR FILING A COMPLAINT

The Henry County Transit Department encourages persons to file complaints directly to the department. However, complaints may be file with the Georgia Department of Transportation or the Federal Transit Administration.

Georgia Department of Transportation 600 West Peachtree NW, Atlanta, GA 30308	Federal Transit Administration Office of Civil Rights 1200 New Jersey Avenue SE, Washington, DC 20590
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ADA COMPLAINT FORM

Date Submitted			
1. Complainant Name			
Complete Address <i>Street #, Street, City, State, Zip</i>			
Telephone Number(s)			
Email Address			
2. Are you filing this complaint on your own behalf?		YES – If Yes, go to #6	NO – If No, go to #3
3. Person Filing Complaint - NAME			
Complete Address <i>Street #, Street, City, State, Zip</i>			
Telephone Number(s)			
Email Address			
4. Relationship to person for whom filing the complaint			
5. Check One		YES, I have permission to file this complaint from the person listed above.	NO, I do not have permission to file this complaint from the person listed above.



TYPE OR PRINT CLEARLY

ADA Complaint Form – Continued				
6.	The complainant believes the discrimination experienced was based on – <i>Check all that apply</i>			
	<input type="checkbox"/> Accessibility Issues	<input type="checkbox"/> Disability	<input type="checkbox"/> Other - List	
7.	Date of alleged discrimination (MM, DD, YYYY)			
8.	Location alleged discrimination took place			
9.	Explain, as clearly as possible, what happened and why complainant feels he/she was discriminated against. Describe all persons involved. Include name(s) and contact information of the person(s) who discriminated against the complainant, if known. <i>Use additional sheets if necessary.</i>			
10.	List any/all witnesses' names and contact information. <i>Use additional sheets if necessary.</i>			
11.	Has the complainant filed a complaint with any other federal, state or local agency, or with any federal or state court?			
	<input type="checkbox"/> NO	<input type="checkbox"/> YES – <i>If Yes, check all that apply</i>		
	Federal Agency or Court – <i>Name / Location</i>		Date	
	State Agency or Court – <i>Name / Location</i>		Date	
	Local Agency or Court – <i>Specific County / Court / Agency</i>		Date	
SIGNATURE AND DATE REQUIRED				
Complainant's Signature			Date	
If Sections 3, 4 and 5 Completed, Person's Signature Required				
Signature			Date	
HENRY COUNTY USE ONLY				
Date Received by HCTD			Date Copied to Risk	
HCTD Staff Investigating Complaint				
HCTD Findings / Notes				