



Clermont Transportation Connection
4003 Filager Rd. Batavia, OH 45103
Dispatch 513.732.7433 - Operations 513.732.7578 - Director 513.732.7577

ADA Complaint Form

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, CTC will acknowledge receipt of the complaint within 10 business days. The complainant has 180 days to file it with Clermont Transportation Connection. In the investigation process, Clermont County will analyze the allegations for possible deficiencies. If deficiencies are identified, Clermont County has a maximum of 30 days to respond and correct the inadequacies. Individual Complaints will be retained for 1 year. A summary of all complaints will be kept for 5 years.

Please mail the completed form to:

Clermont Transportation Connection

4003 Filager RD.

Batavia, OH 45103

Note: Apart from the form, **on separate pages**, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing.

I believe that I have been (or someone else has been) discriminated against on the basis of my/their disability. Yes No

Complete section A on the following page if you are the complainant.

Complete sections A and B on the next page if you are filling this application out for someone else.

Section A

Complainant's Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Numbers: Primary: _____ Secondary: _____

E-Mail Address: _____

Accessible format requirements: Large Print Other _____

Section B (To be filled out by the applicant if different than the complainant).

Applicants Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Numbers: Primary: _____ Secondary: _____

E-Mail Address: _____

If you have filled out Section A **and** Section B, please explain why you have filed for the complainant.

Please confirm that you have obtained the permission from the aggrieved party if you are filing on behalf of a complainant.

Yes No

Has the complainant previously filed a civil rights complaint with FTA?

Yes No If yes, what was your FTA complaint number: _____

Has the complainant filed this complaint with any of the following agencies? Yes No

If yes, please attach a copy of any response you received to your previous complaint.

- Transit Provider
- Department of Transportation
- Department of Justice
- Equal Employment Opportunity Commission
- Other _____

Have you filed a lawsuit regarding this complaint? Yes No

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

Case Number _____ Related material attached? Yes No

Name of public transit provider complaint is against: _____

Contact person at the facility: _____

Title: _____ Phone number: _____

The above information is true and accurate to the best of my knowledge

Complainant's signature _____

Applicant's signature (if different than complainant) _____

INTERNAL USE ONLY:

Date received: _____ **Date reported to FTA Civil Rights** _____

Date responded _____

Name of agency's (CTC) contact person: _____

Name of Civil Rights office contact person: _____

Civil Rights violated? _____ **Yes** _____ **No**

Corrective Action taken if applicable (attach separate report).



Title VI Complaint Form

Instructions: If you would like to submit a Title VI complaint to the Transit Authority of Northern Kentucky (TANK), please fill out the form below and send it to:
 Address: TANK (Attn: Title VI Coordinator), 3375 Madison Pike, Fort Wright, KY, 41017
 For questions regarding TANK Title VI Policy or for a full copy of TANK's Title VI Complaint Procedures, please call 859-331-8265 or email info@tankbus.org

PLEASE PRINT

1 Full Name _____

| | | |
|----|---|---|
| 2 | Home Address (Street no., city, state, zip) | |
| 3 | Telephone _____ | Cellphone _____ |
| 4 | Are you filling the complaint on your behalf? _____ | |
| 5 | Yes _____ | No _____ |
| 6 | If you answered Yes to this question, go to line 10 | |
| 7 | If you answered No, please supply the name and relationship of the person for whom you are complaining: | |
| 8 | Please explain why you have filed for a third party: | |
| 9 | Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | Yes _____ No _____ |
| 10 | I believe the discrimination I experienced was based on (check all that apply): | <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin |
| 11 | Date of alleged discrimination (Month, Day, Year) | |
| 12 | Location of alleged discrimination | |
| 13 | Name of person(s) who allegedly discriminated against you: | |
| 14 | Explain as briefly and clearly as possible what happened and why you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case. If there are witnesses, please provide names and contact information. | |

Signature _____

Date _____