Tuscaloosa Transit Authority
Complaint Procedure
Americans with Disabilities Act (ADA)

The complaint process is established to meet the requirements of the Americans with Disabilities Act of 1990. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Tuscaloosa Transit Authority. Complaints arising out of transit-related concerns are governed by the Federal Transit Administration. These complaints should be made directly to the TCPTA in order to comply with those requirements.

Should a citizen have a complaint about access to public services, he/she should complete the attached complaint form and submit it to the ADA Coordinator for review. A copy of this complaint form id found following these procedures in this Plan.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date and description of the problem. The attached form provides spaces for all necessary information. Alternative means of filing complaints, such as personal interviews or audio recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

ADA Coordinator: Jennifer Martin
Office Mail Address: Tuscaloosa Transit Authority
601 23rd Ave
Tuscaloosa, AL 35401
Phone Number: 205-343-2300
Fax Number: 205-349-1360
Email Address: jmartin@tuscaloosa.com
Available: Monday thru Friday 8:00am to 5:00pm

Within 30 calendar days after receipt of the complaint, the ADA Coordinator will meet with the complainant to discuss the complaint and possible resolutions within 15 calendar days of the meeting, the ADA Coordinator will respond in writing and where appropriate, in a format accessible to the complainant. The response will explain the position of the department and other options for substantive resolution of the complaint.
If the response by the ADA Coordinator does not satisfactory resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the TCPTA Manager. The appeal should take the form of a written letter describing the initial complaint, the initial response, and the ways in which the initial response does not satisfactorily address the complaint. Alternative means of filing appeals will be made available upon request. The appeal should be sent to the same address that the initial complaint was delivered to.
Within 30 calendar days after receipt of the appeal, the TCPTA Manager will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the TCPTA Manager will respond in writing.
All complaints received by the ADA Coordinator will be retained by the TCPTA for at least 5 (five) years.

Americans with Disabilities Act
Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address provided. Alternative means of filing a complaint will be made available upon request.

Complainant Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Person Discriminated Against: _____
(if other than complainant)

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Name of the person that you believe discriminated against you: _____

Where did the alleged discrimination take place? _____

When did the alleged discrimination occur? (Date/Time): _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who allegedly discriminated(if applicable) in violation of the Americans with Disabilities Act. Attach additional pages if necessary:

_____
_____
_____
_____
_____
_____

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes _____ No _____

If Yes, with what agency or court?

_____

Contact person: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court? Yes _____ No _____

Agency or Court Name: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

Additional Space for Answers:

_____
_____
_____
_____
_____

I certify that all the information provided is correct.
The Complaint will not be accepted without being signed:

Print Name: _____

Signature: _____

Date: _____

Return To:
Jennifer Martin, ADA Coordinator
Tuscaloosa Transit Authority
601 23rd Ave.
Tuscaloosa, AL 35401