

Americans with Disabilities Act (ADA) Complaint Policy & Procedures

The following policy outlines the process for recording, investigating, responding to, and maintaining ADA complaints from customers or their representatives regarding fixed-route and ADA complementary paratransit operations, policies, and procedures.

Objectives

The objectives of the complaint procedures are to:

- Provide an opportunity for customers to report any policies, procedures, or actions by Rochester Public Transit (RPT) that they believe violate the ADA regulations.
- Document and investigate the allegations in a timely and thorough manner.
- Timely respond to customers and provide the outcome of the investigation.

Mobility Coordinator

RPT's Mobility Coordinator investigates ADA complaints. The Mobility Coordinator is:

Devin Laiho
4300 East River Road NE
Rochester, MN 55906
507-328-2434
kmcclroy@rochestermn.gov

Complaint Receipt

1. A complaint is received and is forwarded to RPT's Mobility Coordinator.
2. Complaints are taken up to 180 days past the date of the incident. Beyond that time period, complaints will be classified as comments.
3. The Mobility Coordinator makes receipt of the complaint. In order for a complaint to be investigated, customers or their representatives must provide an address, telephone number, or email address. Those complaints without contact information will be classified as comments.
4. The Mobility Coordinator will inform the City of Rochester's City Attorney of the complaint.
5. The Mobility Coordinator will review the complaints for completeness and accuracy and call the customer if additional details are needed for the investigation.
6. The Mobility Coordinator has three (3) calendar days to complete the initial review.

Complaint Investigation and Customer Follow-up

1. Any complaint that alleges discrimination on the basis of disability will be designated an ADA complaint. The Mobility Coordinator will be responsible for investigating the complaint and following up with the customer.

2. The Mobility Coordinator will be responsible for contacting the appropriate manager/service contractor(s) to get information needed in order to complete the investigation of the complaint including, but not limited to, any video or audio recordings of the incident.
3. Once the investigation has been completed, the Mobility Coordinator will make a decision regarding the validity of the complaint and what, if any, remedial actions will be taken to address the complainant's concerns.
4. The Mobility Coordinator will notify the complainant in writing of RPT's decision regarding the complaint typically within seven (7) calendar days after the investigation has been completed.
5. If complainants disagree with the determination by the Mobility Coordinator, they can appeal the decision in writing within thirty (30) days from the date of the determination letter. The appeal letter should state the reason(s) the complainant believes the decision was in error. The appeal letter should be mailed to:

Rachel Fautsch
Transit and Parking Systems Manager
Rochester Public Transit
4300 East River Road NE
Rochester, MN 55906

Complaint Tracking and Record Retention

The Mobility Coordinator will be responsible for tracking all ADA complaints for the purpose of establishing trends in allegations of discrimination.

The Mobility Coordinator will maintain a summary log of all ADA complaints. In addition, all complaint documents and materials gathered during the investigation are maintained for no less than five (5) years.

Rochester Public Transit
Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form

1. Please fill out this form completely.
2. Print or type the information.
3. Sign and return this form to the address shown below.

First and last name of complainant: _____

Address: _____

City, state, and zip: _____

Home phone and/or cell phone: _____

Email: _____

If you're filling out this form on behalf of the complainant, please enter your information below:

First and last name: _____

Address: _____

City, state, and zip code: _____

Home phone and/or cell phone: _____

Email: _____

Name of Government, organization, or institution which you believe has committed a discriminating act: _____

Street address: _____

City, state, and zip code: _____

Home phone and/or cell phone: _____

Email: _____

When did the alleged discrimination occur?

Date and time: _____

Where did the alleged discrimination occur?

Location: _____

Describe the acts of the alleged discrimination providing names (if known) of individuals along with details of the incident including the bus and route numbers (if applicable):

Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes

No

If yes, please provide the below information:

Agency or Court: _____

Contact Person: _____

Address: _____

City, state, and zip code: _____

Do you intend to file a complaint with another agency or court?

— Yes

— No

If yes, please provide the below information:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip: _____

Space for Additional Information (if needed):

Signature: _____

Date: _____

Return Form to:

Rochester Public Transit
Attn: Devin Laiho , Mobility Coordinator
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Rochester, MN 55906
(507) 328 2434
dlaiho@rochestermn.gov