

# Complaint Procedure

## Appendix 2

**Disabilities Services, Inc.** Complaint Procedure is made available in the following locations:

- ✓ Agency website, either as a reference in the *Notice of Nondiscrimination* or in its entirety
  - ✓ Agency office: 222 Leffert Street, Berlin, Wisconsin 54923
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Any person who believes they've been discriminated against on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficient (LEP) by **Disabilities Services, Inc.** may file a complaint by completing and submitting **Disabilities Services, Inc.** Complaint Form.

The Complaint Form may also be used to submit general complaints to **Disabilities Services, Inc.**

**Disabilities Services, Inc.** investigates complaints received no more than 180 calendar days after the alleged incident. **Disabilities Services, Inc.** will process complaints that are complete.

Once the complaint is received, **Disabilities Services, Inc.** will review the complaint and work to resolve the complaint informally, if possible.

If the complaint warrants a formal civil rights complaint process, **Disabilities Services, Inc.** will follow the steps listed in this complaint procedure. **Disabilities Services, Inc.** may also use this formal procedure to address general complaints. If **Disabilities Services, Inc.** determines it has jurisdiction the complainant will receive an acknowledgement letter stating the complaint will be investigated by **Disabilities Services, Inc.** as a civil rights complaint.

**Disabilities Services, Inc.** has **60** business days to investigate the civil rights complaint. If more information is needed to resolve the case, **Disabilities Services, Inc.** may contact the complainant.

The complainant has **10** business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within **10** business days, **Disabilities Services, Inc.** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, one of two (2) letters will be issued to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a Title VI or ADA violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, the complainant has **10** business days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact 920-361-3484.

Si se necesita informacion en otro idioma de contacto, 920-361-3484.

Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau 920-361-3484.

# Complaint/Comment Form

**Disabilities Services, Inc.** is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints.

Please submit this form electronically at FAX #: 920-361-1195 via email at [dbrantley@greenlakecountywi.gov](mailto:dbrantley@greenlakecountywi.gov) or in person at the address below.

**Disabilities Services, Inc.**  
222 Leffert Street  
Berlin, WI 54923

You may also call us at 920-361-3484. Please make sure to provide your contact information in order to receive a response.

## Section A: Accessible Format Requirements

Please check the preferred format for this document

<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD or Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other (if selected please state what type of format you need in the box below)
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Click or tap here to enter text.

## Section B: Contact Information

Name <input type="text"/>	Telephone Number (including area code) <input type="text"/>
Address <input type="text"/>	City <input type="text"/>
State <input type="text"/>	Zip Code <input type="text"/>

Email Address

Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below.

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### Section C: Type of Comment

What type of comment are you providing? Please check which category best applies.

<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Compliment	<input type="checkbox"/> Other
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Which of the following describes the nature of the comment? Please check one or more of the check boxes.

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Service	<input type="checkbox"/> Income Status
<input type="checkbox"/> Limited English Proficient (L.E.P)		<input type="checkbox"/> Americans with Disability Act (A.D.A)	

### Section D: Comment Details

Please answer the questions below regarding your comment

Did the incident occur on the following type of service? Please check any box that may apply.	<input type="checkbox"/> Paratransit	<input type="checkbox"/> Shared Ride Taxi	<input type="checkbox"/> Bus
What was the date of the occurrence?	Click to add date in the following format: Day, month, year		
What was the time of the occurrence?	Click to add the time		
What is the name or identification of the employee or employees involved?	Click or tap here to enter text.		
What is the name or identification of others involved, if applicable?	Click or tap here to enter text.		
What was the number or name of the route you were on, if applicable?	Click or tap here to enter text.		
What was the direction or destination you were headed to when the incident occurred, if applicable?	Click or tap here to enter text.		
Where was the location of the occurrence?	Click or tap here to enter text.		
Was the use of a mobility aid involved in the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please add any additional descriptive details about the incident.	Click or tap here to enter text.		

In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.

Click or tap here to enter text.

## Section E: Follow-up

May we contact you if we need more details or information?

Yes

No

If yes, how would you best liked to be reached? Please select your preferred form of contact below

Phone

Email

Mail

If you would prefer to be contacted by phone, please list the best day and time to reach you.

Click here to add your preferred time

Click here to add your preferred day

## Section F: Desired Outcome

Please list below, what steps you would like taken to address the conflict or problem.

Click or tap here to enter text.

If applicable, please list below all additional agencies you have filed this complaint with such as Federal, State, Local agencies, or with any Federal or State Court. Please include the contact information to where the complaint was sent.

Click or tap here to enter text.

## Section G: Signature

Please attach any documents you have which support the allegation. Then date and sign this form and send it to Disabilities Services, Inc., Dawn Brantley Title VI Coordinator, 222 Leffert Street, Berlin, WI 54923.

Name

Date:

Signature