KNOX COUNTY TRANSIT
CONNECTING OUR COMMUNITY

ADA/Title VI Complaint Form

Background

This form is used for both Title VI and Americans with Disabilities Act (ADA) complaints.

The Civil Rights of 1964 (Title VI) identifies the three classes protected by Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination. If any of the Limited English Proficient (LEP) populations in our service area meet the Safe Harbor threshold, then the procedure will be provided in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.

The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any federally funded program, service, or activity.

Knox County Transit is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964 (Title VI) as well as providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call the ADA/Title VI Coordinator (Transit Director) at 740-392-7026 option 2. Once completed, return a signed and dated copy to:

Bethany Celmar, Transit Director

25 Columbus Rd. Mount Vernon, OH 43050

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call 740-392-7026 option 2.

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Please check one of the following below:

☐ ADA Complaint or ☐ Title VI Complaint

Part I.

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Additional Formats Needed:

☐ None ☐ TDD ☐ Large Print ☐ Audio Tape ☐ Other

Part II.

Are you filing this complaint on your own behalf?

☐ Yes – Proceed to Part III

☐ No – Please provide the name of and your relationship with this person:

Name of Individual: _____

Your Relationship: _____

Please explain why you have filed for a third party:

_____

_____

_____

Confirm:

☐ I have obtained permission of the aggrieved party to file this form on his or her behalf.

☐ I have not confirmed permission to file this form on behalf of the aggrieved party.

Part III.

I believe the discrimination I experienced was based on:

☐ Race ☐ Color ☐ National Origin ☐ My Disability

☐ Other: _____

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Date of the alleged discrimination: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Part IV.

Have you previously filed an ADA and/or Title VI complaint with this agency?

☐ Yes ☐ No

Part V.

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court

☐ Local Agency

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Please provide the contact information for a person at the agency or court where the complaint was filed:

Name: _____

Title: _____

Agency: _____

Address: _____

_____

Telephone: _____

Email: _____

Part VI.

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

Important Notice: To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Signature and date required below.

_____ _____

Signature of Person Filing Complaint Date