BENTON AREA TRANSIT

Benton County ADA Discrimination Complaint Procedure

1. Any person who believes that he or she, has been subjected to discrimination prohibited by the Americans with Disabilities Act (ADA), may file a complaint with Benton Area Transit (BAT). A complaint may also be filed by a representative on behalf of such a person. All complaints will be referred to the Benton County ADA Coordinator for review and action.

2. In order to have the complaint considered under this procedure, the complainant must file the complaint no later than 180 days after: a) The date of alleged act of discrimination; or b) Where there has been a continuing course of conduct, the date on which that conduct was discontinued. In either case, the ADA Coordinator may extend the time for filing or waive the time limit in the interest of justice, as long as the ADA Coordinator specifies in writing the reason for so doing.

3. Complaints shall be in writing and shall be signed by the complainant and/or the complainant's representative. Complaints shall set forth as fully as possible the facts and circumstances surrounding the alleged discrimination. In the event that a person makes a verbal complaint of discrimination to an officer or employee of Benton County, the person shall be interviewed by the Benton County ADA Coordinator. If necessary, the ADA Coordinator will assist the person in reducing the complaint to writing and submit the written version of the complaint to the person for signature.

4. Within 30 days, the Benton County ADA Coordinator will acknowledge receipt of the allegation, inform the complainant of action taken or proposed action to process the allegation, and advise the complainant of other avenues of redress available, such as ODOT and FTA.

5. If the Complainant is not satisfied with the outcome of the investigation, they may appeal the decision. An appeal may be initiated by advising BAT, or specifically, the ADA Coordinator in writing or by phone call that an appeal is requested.

6. Any appeal will be heard by Benton County Public Works Director. The Complainant will be contacted for more information as to why they were not satisfied with the outcome of the Complaint. All evidence will be reviewed by the secondary investigators, and a new decision issued.

7. The recipient will advise ODOT of all allegations. Generally, the following information will be included in every notification to ODOT:

    a. Name, address, and phone number of the complainant.
    b. Name(s) and address(es) of alleged discriminating official(s).
    c. Basis of complaint (i.e., race, color, or national origin)
    d. Date of alleged discriminatory act(s).
    e. Date of complaint received by the recipient.
    f. A statement of the complaint.
    g. Other agencies (state, local or Federal) where the complaint has been filed.

h. An explanation of the actions Benton County has taken or proposed to resolve the issue in the complaint.
i. Within 90 days of receipt of the complaint, the Benton County Public Works Director will notify the complainant in writing of the final decision reached, including the proposed disposition of the matter. The notification will advise the complainant of his/her appeal rights with ODOT, or FTA, if they are dissatisfied with the final decision rendered by Benton County. The Public Works Director will also provide ODOT and/or FTA with a copy of this decision and summary of findings upon completion of the investigation.

8. In the event the Complainant is not satisfied with the outcome of an appeal, or if he/she wished to file a complaint directly to an outside agency, contacts for the different ADA administrative jurisdictions are as follows:

Oregon Department of Transportation
Office of Civil Rights
Attn: Intermodal Civil Rights Manager
355 Capitol Street, NE
Salem, OR 97301
503-986-3169

Federal Transit Administration
Office of Civil Rights
Attention: ADA Program Coordinator
1200 New Jersey Ave.,
SE Washington, DC 20590

FTA Complaint procedures can also be found on the FTA web site at: www.fta.dot.gov. These procedures are also outlined in FTA Circular 4702.1A. Chapter IX. A Complainant has the right to contact these organizations directly; however, Benton County will ultimately be responsible for all initial investigation, as they have the resources and access to interview any involved employees directly.

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Benton County ADA Complaint Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Were you discriminated against because of your (can select multiple):

☐ Race
☐ Color
☐ National Origin
☐ Disability
☐ Other: _____

Date and Time of Alleged Incident: _____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved and if applicable, the transit route and vehicle. Be sure to include the names and contact information of any witnesses. If more space is needed, please use additional pages.

_____

_____

_____

_____

_____

_____

_____

_____

Have you filed this complaint with any other federal, state or local agency or with any court?

☐ Yes ☐ No

If yes, check and identify all that apply:

☐ Federal Agency _____

☐ Federal Court _____

☐ State Agency _____

☐ State Court _____

☐ Local Agency _____

Please provide information for a contact person at the Agency or Court where the complaint was filed.

Name: _____

Address: _____

City, State, & Zip Code: _____

Telephone Number: _____

Please sign below. You may attach any additional written materials or other information you believe is relevant to your complaint.

_____ _____

Signature Date

Please mail this form to:

ADA Coordinator
Benton County Public Works Director
Benton Area Transit
360 SW Avery Ave.
Corvallis, OR 97333