

**Essex County Transportation
(ECPT)
ADA Complaint Procedures**

If you have a complaint about the accessibility of our transit system or service, or believe you have been discriminated against because of your disability, you can file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

How do you file a complaint?

You can call us, download, and use our ADA complaint form at essexcountyny.gov/transportation, or request a copy of the form by writing Essex County Transportation, 8053 US RT 9, Elizabethtown, NY 12932 or phoning us at 800-914-9266.

You may file a signed, dated, and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See Question 1 of the complaint form.)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See Questions 6, 7, 8, 9, 10, and 11 of the complaint form.)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the complaint form.)

Please submit your complaint form to address listed below:

Doreen Abrahamsen, Transportation Coordinator
8053 US RT 9
Elizabethtown, NY 12932

Do you need complaint assistance?

If you are unable to complete a written complaint due to a disability or if information is needed in another language we can assist you. Please contact us at 800-914-9266 or transportation@essexcountyny.gov.

How will your complaint be handled?

ECPT investigates complaints received no more than 180 days after the alleged incident. ECPT will process complaints that are completed. Once a completed complaint is received, ECPT will review it to determine if ECPT has jurisdiction.

ECPT will generally complete an investigation within 90 days from receipt of a complaint. If more information is needed to resolve the case, ECPT may contact you. Unless a longer period

is specified by ECPT, you will have ten (10) days from the date of the request to send the requested information. If the requested information is not received, ECPT may administratively close the case. A case may also be administratively closed if you no longer wish to pursue it.

After an investigation is complete, ECPT will send you a letter summarizing the results of the investigation, stating the findings, and advising you of any corrective action to be taken as a result of the investigation. If you disagree with ECPT's determination, you may request reconsideration by submitting a request in writing to ECPT's Coordinator within seven (7) days after the date of ECPT's letter, stating with specificity the basis for the reconsideration. The Coordinator will notify you of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, the Coordinator will issue a determination letter to the complainant upon completion of the reconsideration review.

**Essex County Transportation
(ECPT)
ADA COMPLAINT FORM**

If you have a complaint about the accessibility of our transit system or believe you have been discriminated against because of your disability, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Doreen Abrahamsen, Transportation Coordinator
Essex County Transportation
8053 US RT 9
Elizabethtown, NY 12932
transportation@essexcountyny.gov
518-873-3466

1. Complainant's name:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are you filing this complaint on your own behalf?		
<input type="checkbox"/> Yes If YES, please go to question 6. <input type="checkbox"/> No If NO, please go to question 3.		
3. Please provide your name and address.		
Name of person filing complaint:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. What is your relationship to the person for whom you are filing the complaint?		
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.		
<input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission		

6. I believe that the discrimination I experienced was based on (check all that apply)

- Accessibility issue Discrimination based on disability Other

7. Date of alleged discrimination (Month, Day, Year):

8. Where did the alleged discrimination take place?

9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

10. Please list any and all witnesses' names and phone numbers/contact information.
Use the back of this form or separate pages if additional space is required.

11. What type of corrective action would you like to see taken?

12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? Yes If yes, check all that apply. No

- Federal Agency (List agency's name)
 Federal Court (Please provide location)
 State Court
 State Agency (Specify agency)
 County Court (Specify court and county)

