

LAWRENCE COUNTY TRANSIT

LCT /ADA Complaint Process

The Federal Transit Administration Office of Civil Rights is responsible for ensuring that providers of public transit properly implement several civil rights laws and programs, such as the Americans with Disabilities Act of 1990 (ADA).

If there is a complaint, the complainant has 180 days to file it with The Lawrence County Transit (LCT). In the investigation process, LCT will analyze the allegations for possible deficiencies. If deficiencies are identified, LCT has a maximum of 90 days to respond and correct the inadequacies.

Please mail the completed form to:

**Lawrence County Transit
223 South Second Street
Ironton OH, 45638
ATTN: Civil Rights**

Note: Apart from the form, **on separate pages**, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing.

I believe that I have been (or someone else has been) discriminated against on the basis of my/their disability. Yes No

Complete section A on the following form if you are the complainant.

Complete sections A and B on the next page if you are filling this application out for someone else.

LCT/ADA Complaint Form

Section A

Complainant's Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Numbers: Primary: _____ Secondary: _____

E-Mail Address: _____

Accessible format requirements: Large Print Other _____

Section B (To be filled out by the applicant if different than the complainant).

Applicants Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Numbers: Primary: _____ Secondary: _____

E-Mail Address: _____

If you have filled out Section A and Section B, please explain why you have filed for _____
the complainant:

Please confirm that you have obtained the permission from the aggrieved party if you are filing on behalf of a complainant. Yes No

Has the complainant previously filed a civil rights complaint with FTA?

Yes No If yes, what was your FTA complaint number:

Has the complainant filed this complaint with any of the following agencies? Yes No **If**

yes, please attach a copy of any response you received to your previous complaint.

- Transit Provider Department of Transportation
 Department of Justice Equal Employment Opportunity Commission
 Other _____

Have you filed a lawsuit regarding this complaint? Yes No **If**

yes, please provide the case number and attach any related material.

Case Number _____ Related material attached? Yes No

Name of public transit provider complaint is against: _____

Contact person at the facility: _____

Title:

Phone number:

The above information is true and accurate to the best of my knowledge

Complainant's signature _____

Applicant's signature (if different than complainant) _____

INTERNAL USE ONLY:

Date received: _____ **Date reported to FTA Civil Rights** _____

Date responded: _____

Name of agency's (LCT) contact person: _____

Name of Civil Rights office contact person: _____

Civil Rights violated? ____ Yes ____ No

Corrective Action taken if applicable (attach separate report).