



ADA Complaint Procedures and Form

Updated 10/13/2023

Policy and Procedures:

Piattran is committed to providing equal access and opportunity to qualified individuals with disabilities in all programs, services and activities, as provided by the Americans with Disability Act (ADA).

ADA transportation service complaints received by Piattran will be investigated immediately with every effort made to seek an appropriate and prompt resolution. By promptly identifying deficiency areas, Piattran will work to make the necessary corrections or adjustments to alleviate the situation.

All ADA Transportation service complaints shall be submitted in writing on the agency's complaint form and returned to the Director (ADA Officer) of Piattran at 1925 N Market Street, Monticello, IL 61856. Please see the form included or visit our website at www.piattran.org

The following information is necessary to assist us in processing your complaint. If assistance is required in completing this form, please contact the Director of Piattran at (217) 817-0414. Once completed the form must be returned to Piattran to the attention of the Director at 1925 N Market St, Monticello, IL 61856.

The Director shall maintain a log of ADA complaints received from this process. This log will include:

- The date the complaint was filed
- A summary of the allegations
- The status of the complaint, and
- Actions taken by Piattran in response to the complaint

Should Piattran receive an ADA complaint in the form of a formal charge or lawsuit, the agency's attorney shall be responsible for the investigation and maintaining a log as described herein.



ADA Complaint Form

Name: _____

Street Address: _____

Phone: _____ Alternate Phone: _____

Person discriminated against (if someone other than complainant):

Name(s): _____

Street Address, City, State & Zip Code: _____

Date of Incident: _____

Please describe the alleged incident (attach additional pages if needed):

Continued ADA Complaint Form

Have you filed a complaint with any other federal, state or local agencies? Yes No

If so, list agency / agencies and contact information below:

Agency: _____ Contact Person: _____

Street Address City, State, Zip Code _____

Agency: _____ Contact Person: _____

Street Address City, State, Zip Code _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature _____ **Date** _____

Print or type name of complainant _____

For Piattran Use Only

Date Received: _____ Received By: _____