

AMERICANS WITH DISABILITIES ACT TITLE II-ADA VIOLATION COMPLAINT FORM

County Connection is committed to ensuring that no person is denied access to its services, programs or activities on the basis of a disability, as provided by Title II of the Americans with Disabilities Act of 1990 (ADA). County Connection's requirement of transportation facilities, vehicles and transit services are regulated by the Department of Transportation. To file a complaint regarding transportation facilities, vehicles and transit services please utilize the County Connection customer complaint process and form.

1. To file a complaint, the attached complaint form should be completed and submitted.
2. All complaints must be submitted in writing. If the complainant is unable to write because of a disability and needs assistance in completing the form, County Connection staff will assist by scribing the complaint by phone. Please call the Director of ADA and Specialized Services at 925-680-2098 or dial 711 (TTY) for the California Relay Service.
3. County Connection will begin an investigation within fifteen (15) working days of receipt of a written complaint.
4. County Connection will contact the complainant in writing no later than thirty (30) working days after receipt of complaint for additional information, if needed. If the complainant fails to provide the requested information in a timely basis, County Connection shall administratively close the complaint.
5. County Connection will complete the investigation within ninety (90) days of receipt of the complaint. If additional time for investigation is needed, the complainant will be contacted.
6. A written response will be prepared by the Director of ADA and Specialized Services which will include a summary of the findings and recommended action. The complainant will have fifteen (15) working days from receipt of the response to appeal. If no appeal is received, the complaint will be closed.
7. Information can be provided to you in a variety of accessible formats in addition to the translation feature, such as diskette/CD, audio tape, braille, or large print. If you need any written information provided to you in one of these accessible formats, please contact the Director of ADA and Specialized Services at 925-680-2098.

AMERICANS WITH DISABILITIES ACT TITLE II-ADA VIOLATION COMPLAINT FORM

PLEASE PRINT

Full Name:	Telephone Number: () _____ - _____
Street Address:	
City, State, Zip:	Email Address:

Please describe the alleged discriminatory incident, including the location(s) if applicable.
Provide the name(s) and title(s) of the County Connection Transit Employee(s), if applicable.

Signature: _____

Date: _____

MAIL OR EMAIL YOUR COMPLETED FORM TO:

Rashida Kamara
Director of ADA and Specialized Services
2477 Arnold Industrial Way
Concord CA, 94520
Fax: (925) 687-3247
kamara@cccta.org