



## **ADA Complaint Resolution Procedure**

### **Procedure**

In compliance with Title II of the Americans with Disabilities Act of 1990 (“ADA”), Greater Hartford Transit District (the “District”) is committed to providing the highest quality ADA Paratransit service to qualified individuals with a disability. In addition, the District is committed to ensuring that no person is denied access to its services on the basis of their disabilities. If an ADA passenger’s experience with the District’s paratransit service is perceived as less than satisfactory or in alleged violation of the ADA, he/she may file a complaint by following the procedure outlined below.

### **Filing a Complaint**

An ADA passenger wishing to file a complaint regarding an ADA trip, reservation experience, or other aspect of the Paratransit service, may contact the Customer Service Department:

- By calling (860) 724-5340 extension 9, Monday thru Friday, 8:00 a.m. – 5:00 p.m. (For the hearing impaired, please dial Relay of Connecticut at 1-800-833-8134.)
- Via email at [hartfordcustomerservice@firstgroup.com](mailto:hartfordcustomerservice@firstgroup.com)
- Via fax at (860) 955-2915 (Attention To: Customer Service Department)
- By writing: Customer Service Department c/o First Transit  
249 Wawarme Avenue, Hartford, CT 06114

When submitting a complaint in writing, the preferred method is to use the ADA Complaint Form (provided below). If you as the complainant would like to submit a complaint in writing but are unable to write a complaint, a representative at the Customer Service Department will assist you with the complaint. The Greater Hartford Transit District is committed to providing open access to its services to persons with limited ability to speak or understand English; if requested by the complainant, the District’s Title VI Coordinator will provide language translation services.

Complaints may also be filed with external entities such as the Federal Transit Administration, the Equal Employment Opportunity Commission, or the Department of Fair Employment and Housing. Please review information on the respective agency websites for details on filing ADA complaints. Should a complaint be filed with our Customer Service Department and an external entity simultaneously, the external complaint shall supersede the complaint to Customer Service. However, our Customer Service Department will continue its own investigation of the complaint and make the findings available.

Alleged ADA compliance violations should be reported as soon as possible following the incident; ADA passengers should not delay when wishing to file a complaint. Details such as the day of the week, date, and time of all incidents should be included. Any additional relevant information available to provide to the Customer Service Representative will be helpful.

### **Investigations**

All ADA complaints will be investigated promptly upon receipt by a designated employee at the Customer Service Department. It is important that general service complaints will be distinguished from those that rise to the level of noncompliance, and complaints of discrimination will be fully investigated. Complaint investigations will include communications with all parties involved (i.e. the complainant as well as pertinent operations staff). If necessary or requested, the Customer Service Representative will set up a meeting with the complainant to review all pertinent information. Results of the meeting will be documented and a resolution may be agreed upon at that time.

### **Resolution**

Following the investigation, a representative from the Customer Service Department will promptly communicate its response to the complaint allegations, including its reasons for the response. A resolution will occur when the General Manager has determined that the cause of the complaint is understood, that the appropriate department(s) have taken action to ensure that measures are in place to prevent the problem from recurring, and when the passenger is satisfied that the complaint is resolved.

All complaints of noncompliance received will be documented and kept on file for one (1) year. A record of all complaints will be kept for five (5) years.

### **Accessible format**

If an ADA passenger who wishes to file a complaint requires a copy of this Complaint Resolution Procedure in an alternate format or in a language other than English, please call (860) 247-5329 extension 3011.

*The District's local ADA Complaint Procedure is consistent with the revised Department of Transportation (DOT) ADA requirements in 49 CFR 37.17.*

## ADA COMPLAINT RESOLUTION FORM

The Greater Hartford Transit District is committed to providing safe and reliable ADA Paratransit services. Use this form for suggestions, compliments, and complaints. Please provide us with your contact information in order to receive a response.

**Customer Service Department c/o First Transit, 249 Wawarme Avenue, Hartford, CT 06114**  
**(860) 724-5340 extension 9, [hartfordcustomerservice@firstgroup.com](mailto:hartfordcustomerservice@firstgroup.com)**

<b>SECTION I: TYPE OF COMMENT (Choose One)*</b>			
Compliment    Suggestion    Complaint    Other (please explain):			
ADA related? Y/N			
<b>SECTION II: CONTACT INFORMATION</b>			
Salutation [Mr. /Mrs. /Ms., etc.]		Name:	
Rider ID# (if applicable)		Street Address:	
City, State, Zip code:			
Phone: (    )		Email:	
Accessible Format Requirements:    Large Print    TDD/Relay    Audio Recording    Other			
Information required in language other than English? If so, indicate language:			
<b>SECTION III: COMMENT DETAILS</b>			
Date of Occurrence:		Time of Occurrence:                      am/pm	
Mobility Aide used (if any):			
Name of Employee(s):			
Vehicle ID / Route Name or Number:		Direction of Travel:	
Location of Incident:			
If above information is unknown, please provide other descriptive information to help identify the employee:			
Description of Incident or Message:			
<b>SECTION IV: FOLLOW UP</b>			
May we contact you if we need more details or information?    Yes                      No			
What is the best way to reach you (Choose one)*    Phone                      Email                      Postal Mail			
If a phone call is preferred, what is the best day and time to reach you?			
<b>SECTION V: DESIRED RESPONSE (Choose One)*</b>			
Email Response		Telephone Response                      Response by US Postal Mail	
<b>SECTION VI: OTHER COMPLAINTS FILED</b>			
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 Name:	
Street Address		City                      State                      Zip Code	
Phone			
Agency:		Contact Name:	
Street Address		City                      State                      Zip Code	
Phone			