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 walkercountyga.gov on the transit page or request a copy of the form by writing or phone Walker County Transit, 101 South Duke Street Lafayette Ga. 30728. 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 people, 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:

Human Resources Director
101 South Duke
Street,Lafayette Ga. 30728

Do you need 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 (706)-638-1437 or email at hr@walkerga.us

How will your complaint be handled?

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

Walker County Transit will generally complete an investigation within 90 days of receipt of a complaint. If more information is needed to resolve the case, Walker County Transit may contact you. Unless a longer period is specified by Walker County Transit, you will have ten (10) days from the date of the request to send the requested information. If the requested information is not received, Walker County Transit 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, Walker County Transit will send you a letter summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken because of the investigation. If you disagree with the Walker County Transit determination, you may request reconsideration by submitting a request in writing to the Walker County Transit director within seven (7) days after the date of the Walker County Transit letter, stating with specificity the basis for the reconsideration. The director 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 director will issue a determination letter to the complainant upon completion of the reconsideration review.

Do I have other options for filing a complaint?

We encourage you to file a complaint with us. However, you may file a complaint with the Georgia Department of Transportation or the Federal Transit Administration.

Georgia Department of Transportation

600 West Peachtree NW

Atlanta, GA 30308

Federal Transit
Administration Office of
Civil Rights

1200 New Jersey Avenue SE

Washington, DC 20590

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:

Human Resources Director
101 South Duke Street,Lafayette Ga. 30728

Email: hr@walkerga.us Office: (706) 638-1437

1. Complainant's name:

Address

City:

State:

Zip Code:

Daytime telephone:

E-mail

address:

Do you prefer to be contacted via e-mail?

Yes

No

No If NO, please go to question 3.

2. Are you filing this complaint on your own behalf?

Yes If YES, please go to question 6.

3. Please provide your name and address.

Name of person filing complaint:

Address
City

State

Zip Code

Phone number

E-mail address:

Do you prefer to be contacted via e-mail?
Yes

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.

Yes, I have permission.

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*.