
ADA Complaint Form Procedure

Background

The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any federally funded program, service, or activity.

Semcac Transportation is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services by providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint.

If assistance is required to complete the form, or if you have questions, please do not hesitate to contact ADA Coordinator at (507) 634-4340 or e-mail tpcompliance@semcac.org

Return completed form:

William J. Spitzer

ADA Coordinator

Director of Transportation

400 Commerce Dr. SE

Kasson, MN 55944

tpcompliance@semcac.org

Note: The following information is necessary to assist us in processing your complaint.



ADA Complaint Form



Section I:

Name:

Address:

Telephone (Home/Cell):

Telephone (Work):

Email:

Do you require an accessible format?

Large Print

TTY/TDD

Audio Tape

Other:

Section II:

Are you filing this complaint on your own behalf? *

Yes

No

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are filing:

Have you obtained permission from this person?

Yes

No

Section III:

If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.

Date of Alleged Discrimination (Month, Day, Year): _____ Time: _____

Transit Line/Route: _____ Vehicle ID or Name: _____ Location: _____

Name(s) of Employee(s) involved: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.



ADA Complaint Form



Section IV		
Have you previously filed an ADA complaint with this agency?	Yes	No
Contact name:	Telephone number:	
Section V		
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?		
☐ Yes ☐ No		
If yes, check all that apply:		
☐ Federal Agency: _____	☐ Federal Court: _____	
☐ State Agency: _____	☐ State Court: _____	
☐ Local Agency: _____	☐ Local Court: _____	
Please provide contact information for the person you spoke to at the above agency:		
Name:	Title:	
Agency:		
Address:		
Telephone:		

Important Notice: To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Signature and date required below.

Signature of Person Filing Complaint

Date

If assistance is required to complete the form, or if you have questions, please do not hesitate to contact ADA Coordinator at (507) 634-4340 or e-mail tpcompliance@semcac.org

Return completed signed and dated copy to:

William J. Spitzer
ADA Coordinator
Director of Transportation
400 Commerce Dr. SE
Kasson, MN 55944
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