MAPS Transit - ADA

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 https://www.joplinmo.org/365/Public-Transportation or request a copy of the form by writing or phoning MAPS Transit, 123 S. Main Joplin, MO 64801 417-626-8607

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 persons, if known, whom the coordinator could contact for clarity of your allegations. (See Question 11 of the complaint form.)

Please submit your complaint form to address listed below:

MAPS Transit
Attention: Transportation Coordinator
123 S. Main
Joplin, Mo 64801

Do you need complaint 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 417-626-8607 or https://www.joplinmo.org/365/Public-Transportation

How will your complaint be handled?

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

MAPS Transit will generally complete an investigation within 90 days from receipt of a complaint. If more information is needed to resolve the case, MAPS Transit may contact you. Unless a longer period is specified by MAPS 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, MAPS 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, MAPS Transit will send you a letter summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If you disagree with MAPS Transit's determination, you may request reconsideration by submitting a request in writing to MAPS Transit Transportation Coordinator within seven (7) days after the date of MAPS Transit letter, stating with specificity the basis of the reconsideration. The Transportation Coordinator 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 Transportation Coordinator 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 that you file the complaint with us. However, you may file a complaint with the Missouri Department of Transportation or the Federal Transit Administration.

Missouri Department of Transportation External Civil Rights Division
TITLE VI Coordinator
1617 Missouri Blvd. P.O Box 270 Jefferson City Mo 65102-0270

Federal Transit Administration Office of Civil Rights
1200 New Jersey Avenue, SE Washington. DC 20590

MAPS TRANSIT 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:

MAPS TRANSIT- Transportation Coordinator
123 S Main
Joplin, MO 64804

1. Complaints Name
Address:
City: State: Zip Code
Daytime Telephone: ( )
Email Address:
Do you prefer to be contacted via email? ☐ Yes ☐ No
2. Are you filing this complaint on your behalf?
☐ Yes If YES, please go to question 6. ☐ No If NO, please go to question
3. Please provide your name and address. Name of person filing complaint:
Address:
City: State: Zip Code
Daytime Telephone: ( )
Email Address:
Do you prefer to be contacted via email? ☐ Yes ☐ No
4. **What is your relationship to the person for whom you are filing the complaint?**

5. Please confirm the you have obtained the permission of the aggrieved party to file a complaint on their behalf:

☐ Yes, I have their permission ☐ No, I do not have their permission

6. I believe that the discrimination I or they experienced was based on (check all that apply)

☐ Accessibility Issue ☐ Discrimination based on disability

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 a separate pages if additional space is required.

10. **Please list any and all witnesses 'names and phone numbers/contact information**. Use the back of this form or separate pages if additional space is required.

11. What type of corrective action would you like to see taken?

12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? ☐ Yes, If yes, check all that apply No ☐

☐ Federal Agency (List agency's name)

☐ Federal Court (Please provide location

☐ State Court

☐ State Agency (Specify agency)

☐ County Court (Specify court and county)

☐ Local Agency (Specify agency)

13**. Please provide information about a contact person at the agency/court where the complaint was filed.**

Name: _____ Title:_____

Agency:_____ Telephone:__ (___)_____

Address:_____

City:_____ State:_____ Zip Code_____

Part B: Paratransit Eligibility Complaint

ADA regulations specify who is to be determined ADA paratransit eligible. Transit agencies, with the input from the communities they serve, develop the specifics of their own eligibility processes. A disability alone does not determine paratransit eligibility. Paratransit eligibility is based on an applicant's functional ability to use fixed route service and is not a sole medical decision.

☐ Denied your initial request for paratransit eligibility
☐ Denied your recertification request for paratransit eligibility
☐ Granted you less than full eligibility (e.g., conditional, trip-by-trip or temporary.

Clearly explain what happened and why you believe discrimination occurred.

Part C: Paratransit On- Time Performance Compliant

ADA regulations prohibit transit agencies from limiting ADA complementary paratransit service to eligible individuals by means of a "pattern or practice" – or a substantial number – of untimely pickups, trip denials, lengthy trips, and other operational practices.

- ☐ Untimely pickups
- ☐ Missed Trips
- ☐ Trip denials
- ☐ Lengthy Trips
- ☐ Other

Clearly explain what happened and why you believe you were discriminated against. Include specific details such as dates, times, trip lengths, pickup and drop off locations, and an explanation of what occurred on this date and time, and any other relevant information.

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required:

_____ _____

Signature Date

If you completed Questions 3 ,4 and 5, your signature is required.

_____ _____

Signature Date