

**BLADEN AREA RURAL  
TRANSPORTATION'S  
ADA Program**



**American with Disabilities  
Grievance PROCEDURES**

# Bladen Area Rural Transportation System

## ADA GRIEVANCE PROCEDURES

The Bladen Area Rural Transportation System (**BARTS**) has adopted a public grievance procedure for prompt and equitable resolution of complaints alleging an action prohibited by federal regulations contained in Title II of the Americans with Disabilities Act of 1990 (ADA) or Section 504 of the Rehabilitation Act of 1973.

Issues that may be grieved include but are not limited to: denial of a requested accommodation, inadequacy of an accommodation, inaccessibility of a program or activity due to disability, or discrimination based on disability.

### **PURPOSE**

The purpose of the public grievance procedure is to describe the steps used by the BARTS for processing complaints under Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and related statutes and authorities. These procedures are designed to establish operating guidelines that incorporate appropriate due process standards and ensure agency compliance with Section 504 of the Rehabilitation Act of 1973 and Title II of the ADA.

### **FILING OF COMPLAINTS**

**1. Applicability** – These complaint procedures apply to members of the public who are beneficiaries of the 's programs, activities, and services or applicants for employment with the BARTS.

**2. Eligibility** – Any person or class of persons alleging an action prohibited by federal regulations contained in Title II of the Americans with Disabilities Act of 1990 (ADA) or Section 504 of the Rehabilitation Act of 1973 may file a written complaint with BARTS Transportation. The law prohibits intimidation or retaliation of any sort.

The complaint may be filed by the affected individual or a representative and must be in writing.

**3. Time Limits and Filing Options** – A complaint shall be filed within one hundred eighty (180) days after the complainant becomes aware of the alleged prohibited action or denial of accommodation. Complaints received later than one hundred eighty (180) days after the alleged prohibited action or denial of accommodation may be dismissed as untimely.

ADA and Section 504 complaints may be submitted to the following entities:

- **BARTS Transportation**, P.O. Box 520 Elizabethtown, NC 28337
- **North Carolina Department of Transportation**, Office of Civil Rights ADA Program, 1511 Mail Service Center, Raleigh, NC 27699-1511; 919-508-1822 or toll free 800-522-0453
- **US Department of Transportation**, Departmental Office of Civil Rights, External Civil Rights Programs Division, 1200 New Jersey Avenue, SE, Washington, DC 20590; 202-366-4070
- **Federal Highway Administration**, Office of Civil Rights, 1200 New Jersey Avenue, SE, 8<sup>th</sup> Floor, E81-314, Washington, DC 20590, 202-366-0693 / 366-0752
- **Federal Highway Administration**, North Carolina Division Office, 310 New Bern Avenue, Suite 410, Raleigh, NC 27601, 919-747-7010
- **Federal Transit Administration**, Office of Civil Rights, ATTN: Title VI Program Coordinator, East Bldg. 5<sup>th</sup> Floor – TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590
- **Federal Aviation Administration**, Office of Civil Rights, 800 Independence Avenue, SW, Washington, DC 20591, 202-267-3258
- **US Department of Justice**, Special Litigation Section, Civil Rights Division, 950 Pennsylvania Avenue, NW, Washington, DC 20530, 202-514-6255 or toll free 877-218-5228

A complainant is not required to exhaust the BART's grievance procedure before filing a complaint with any agency listed above.

**4. Format for Complaints** – A complaint shall be filed in writing and shall contain the complainant's name, address, phone number, and nature of the complaint, previous denials of requested accommodation, and

alleged violation (if any) of the regulations. In the event the complainant is unable to prepare the complaint in writing, he/she may contact the ADA Coordinator to arrange an alternate method. The complainant may choose to use the attached BART's ADA Grievance Form.

**5. Investigation** - An investigation, as may be appropriate, will follow the filing of a complaint. The Department may choose to investigate or refer the complaint to the FHWA (Federal Highway Administration) or other federal oversight agency(ies) for investigation as required. The Department's investigation shall be conducted by the Department's ADA Coordinator and/or designated staff. The investigation shall include contact with the complainant, BART's staff, and others as necessary.

**6. Grievance Notification:**

A) When a grievance is received, the ADA Program will provide written acknowledgment to the Complainant, within ten (10) business days by mail.

B) If the complaint is incomplete, the Complainant will be contacted in writing or by telephone to obtain the additional information. The complainant will be given 15 calendars days to respond to the request for additional information. Failure to do so may be considered cause for a grievance dismissal.

C) The Complainant will be notified that BARTS will attempt to resolve complaints within 60 days after BARTS has received the completed grievance.

**7. Findings** - A written report of findings as to the validity of the complaint and a proposed resolution, if any, shall be issued by the Department's ADA Coordinator. A copy of the written report forwarded to the complainant not later than sixty (60) days after receipt of the complaint. The findings report shall include:

A) a description of the complaint

B) a finding of facts

C) a description of how the complaint will or will not be resolved

D) when the complaint will be resolved if not denied

E) responsible staff name and contact information if not denied

F) reconsideration rights of the complainant

**8. Reconsideration Request** - The complainant or the affected unit of the Department can request reconsideration

of the resolution if he/she is dissatisfied with reported findings. Requests for reconsideration must be made within thirty (30) days to the Secretary of the North Carolina Department of Transportation. Upon timely receipt of a request for reconsideration, the Secretary has an additional thirty (30) days to respond. The Secretary's decision is the final agency decision.

**RECORDS MAINTENANCE**

The Department's ADA Coordinator shall maintain records of all complaints for a period of five (5) years.

## ADA GRIEVANCE FORM

*Any person alleging an action prohibited by federal regulations contained in the Title II of the Americans with Disabilities Act of 1990 (ADA) or Section 504 of the Rehabilitation Act of 1973 may file a written complaint with BARTS Transportation within 180 days after the alleged action.*

Last Name:		First Name:		__ Male
				__ Female
Mailing Address:		City	State	Zip
Home Telephone:	Work Telephone	E-mail Address		
Date and place of alleged action(s). Please include earliest action date and most recent action date:				
Names of individuals responsible for the action(s). (If you do not know the name(s) or there was no specific person involved you may leave this blank).				
Describe the alleged prohibited action. Explain as clearly as possible what happened and why you believe this is a prohibited action: <b>(Attach additional page(s) if necessary).</b>				
Retaliation against a complainant or individual assisting a complainant under this grievance procedure is prohibited. If you feel you have been retaliated against please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation:				
Names of persons (witnesses or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).				
<b><u>Name</u></b>		<b><u>Address</u></b>		<b>Telephone</b>
1. _____		_____		_____
2. _____		_____		_____
3. _____		_____		_____

Have you discussed the complaint with any BARTS Transportation representative? If yes, provide the name, position, and the date of discussion:

Please provide any additional information that you believe would assist with an investigation:

Briefly explain what remedy you are seeking for the alleged action:

**WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

\_\_\_\_\_  
**COMPLAINANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**Mail complaint for to:**  
**BARTS Transportation**  
**Attn: Trans. Director**  
**P.O. Box 520**  
**Elizabethtown, NC 28337**

**FOR OFFICE USE ONLY**

**Date complaint received:** \_\_\_\_\_

**Processed by:** \_\_\_\_\_

**Other Action:** \_\_\_\_\_

