



LEWISTON TRANSIT SYSTEM

**AMERICANS WITH DISABILITIES ACT (ADA)
COMPLAINT FORM**

First Name: _____

Last Name: _____

Mailing Address: _____

State: _____

Zip Code: _____

Email: _____

Phone Number: _____

Preferred method of contact:

Email: Phone: Mail:

Alternate format requested:

Large Print: Language: _____ Other: _____

Are you filing this complaint on your own behalf?

Yes: No:

If NO, please provide the following information:

Your name and relationship to the third party: _____

Please explain why you have filed for a third party: _____

Have you obtained permission of the aggrieved party if filling on behalf of a third party?

Yes: No:

Date and Time of alleged discrimination:

Date: _____ Time: _____

Location of alleged discrimination:

Address, Route, or Facility: _____

Do you feel that you or others were discriminated against because of a disability?

Yes: No:

Have you filed this complaint with any other federal, state, or local agency and/or court?

Federal agency: Federal court: State agency: State court:

Local agency: Local court: Other: _____

Please provide information about the agency/court where the complaint was filed.

Name of Agency/Court: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (include area code): _____

Please explain as clearly as possible what happened and why you believe you (or others) were discriminated against. Describe all persons who were involved in the incident. Include names, description, and contact information of the person(s) whom you believe discriminated against you (if known) as well as the names and contact information of any witnesses:

Signature: _____

Signature Date: _____

Please mail, email, or fax the completed ADA Complaint Form to:

Transit Operations Supervisor / ADA Coordinator
Lewiston Transit System
215 D Street
Lewiston, ID 83501
Phone 208.298.1343
Fax 208.298.1339
cusher@cityoflewiston.org



ADA Complaint Process

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38 and 39), and Section 504 of the Rehabilitation Act of 1973, as amended, Lewiston Transit System (LTS) ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of disability may file an ADA complaint. Complaints may be submitted by filing an ADA Complaint Form, or by calling 208.298.1343. If the complainant is unable to write a complaint, a representative may file on his or her behalf, or LTS staff will provide assistance. Complaints must be filed within 180 calendar days of the alleged incident.

1. The ADA Coordinator will contact the complainant within 10 business days of receipt of complaint.
2. LTS will begin the investigation within 15 business days of receipt of complaint if the alleged discrimination is found to be a violation of ADA regulations.
3. An investigation into the complaint will be conducted and documented to determine whether LTS failed to comply with ADA regulations.
4. LTS will complete the investigation within 60 calendar days of receipt of complaint. If additional time is needed for the investigation, the complainant will be notified.
5. LTS will promptly communicate its response to the complainant, including its reasons for the response. The complainant will have 5 business days from receipt of LTS' response to file an appeal. If no appeal is filed, the complaint will be closed.

Lewiston Transit System will process and investigate all complaints that meet the requirements of ADA discrimination. If the complainant fails to provide required information within the required timeframe, the complaint may be closed.