

AMERICANS WITH DISABILITY ACT

Description of ADA Policy

Procedures for filing and considering a grievance

ADA discrimination complaint form (OMB No. 1190-000)

If you need assistance navigating your way through the policy, or any part of the grievance process, please contact

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770-503-3340

ADA

Hall Area Transit will provide mobility device accommodation if the device does not exceed the lift capabilities in length and width and the weight of the chair, when occupied, does not exceed the manufacturers specified weight limit.

The Bus Operator will assist individuals in safely boarding and exiting from the vehicles. The Bus Operator will also assist with proper securement of patrons with mobility devices. Individuals with mobility impairments who need special assistance in navigating to and from the vehicle should have a Personal Care Attendant (PCA) ride with them. When the scheduler is notified, PCA may ride for free.

Persons using respirators or portable oxygen are permitted on vehicles.

Service animals accompanying individuals with disabilities are permitted.

Reasonable Accommodation (modification of policies and practices) Hall Area Transit will make reasonable modifications to policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of a disability or to provide program accessibility to its services, subject to the limitations of Federal Regulations 37.169(c)(1)(3). Individuals requesting modifications to Hall Area Transit shall contact the American with Disabilities Act (ADA) Facility Representative and describe what they need in order to use the service. Individuals requesting modifications are not required to use the term "reasonable modification" when making a request.

ADA

Hall Area Transit proveerá acomodaciones para aparatos de movilidad siempre que el aparato no exceda las capacidades de elevación en longitud y de ancho de la silla, cuando este ocupada, que no exceda el peso y el límite especificados por el fabricante.

El Operador del autobús ayudara a las personas a abordar y salir del vehículo de forma segura. El Operador del autobús también asistirá con la protección adecuada para clientes con dispositivos de movilidad. Individuos con impedimentos de movilidad que necesiten asistencia especial para navegar hacia y de regreso al vehículo deben tener un asistente de cuidado personal (PCA) con ellos al viajar cuando el planificador sea notificado(a), PCA podrán viajar gratis.

Individuos usando respiradores o oxígeno portátil si son permitidos en los vehículos.

Animales de servicio que acompañan a personas con discapacidades son permitidos.

Ajustes razonables (modificación de pólizas y prácticas) Hall Area Transit hará modificaciones razonables a las pólizas, prácticas, o procedimientos cuando las modificaciones sean necesarias para evitar la discriminación a base de una discapacidad o para proveer acceso al programa de sus servicios, sujeto a las limitaciones de Regulaciones federales 37.169(c)(1)-(3). Individuos que solicitan modificaciones a Hall Area Transit tendrán que contactar a un representante con Americans with Disabilities Act (ADA) y describir que es lo que necesitan para poder usar el servicio. Individuos solicitando modificaciones no son requeridos a usar la frase “ajustes razonables” cuando haciendo la solicitud.

PROCEDURE FOR FILING AND CONSIDERING A GRIEVANCE

1. Any individual desiring to file a grievance shall complete the ADA grievance form. The completed form should be submitted to the Facility ADA Representative no later than five (5) working days after the grievant becomes aware of the alleged violation or questioned activity.
2. Thereafter, the Facility's ADA Representative shall investigate and review the grievant complaint and meet with the grievant within five (5) working days when possible. Resolution at the department level is encouraged. However, if no resolution can be reached, then it shall be the responsibility of the Facility's ADA Representative, and the grievant shall be given the opportunity to submit the pertinent information to the panel. Additionally, the panel may receive information from any interested person. These rules contemplate an informal hearing process to provide optimum opportunity to resolve any and all issues presented for discussion.
3. Thereafter, the Panel shall submit a written determination resolution, if any which shall be made no later than ten (10) working days following the hearing by the Panel, unless otherwise agreed upon by the parties. The determination of the ADA Committee Panel shall be deemed the final determination.
4. A formal grievance by an applicant shall not be initiated unless and until the applicant has discussed the grievance with the Human Resources Director. Such discussion shall be held within five (5) working days after the occurrence or within five (5) working days after the applicant becomes aware of the occurrence of a grievable matter. The Human Resources Director, in the case of an applicant, shall render a decision on the matter within five (5) working days after grievance has been discussed.
5. Should the applicant not be satisfied with the decision of the Human Resources Director, the applicant, within five (5) working days shall state the grievance in writing and file a standard grievance form with the ADA Coordinator setting forth the reasons of the appeal. The ADA coordinator shall make appropriate inquiries, consider all facts surrounding the action, and make every effort to resolve the grievance to the satisfaction of the applicant.
6. ADA grievances of regular county employees should receive prompt consideration and equitable resolution. Wherever possible, grievances should be resolved or adjusted informally, and both supervisors and employees shall be expected to make every effort to do so before presenting to the ADA Facility Representative. With respect to those grievances which cannot be so resolved, employees shall be entitled to process their ADA grievances as herein provided. (Note: Regular employee non-ADA grievances may qualify under the Jackson County grievance and appeals policy.)

U.S. Department of Justice
Civil Rights Division
Disability Rights Section

OMB Control No. 1190-0009. Form Expiration Date: September 30, 2021

Americans with Disabilities Act Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant:

Address:

City, State and Zip Code:

Telephone: Home:

Business:

Person Discriminated Against:

(if other than the complainant)

Address:

City, State, and Zip Code:

Telephone: Home:

Business:

Government, or organization, or institution which you believe has discriminated:

Name:

Address:

County:

City:

State and Zip Code:

Telephone Number:

When did the discrimination occur? Date:

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

If yes: what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:

Agency or Court:

Contact Person:

Address:

City, State, and Zip Code:

Telephone Number:

Date Filed:

Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court:

Address:

City, State and Zip Code:

Telephone Number:

Additional space for
answers:

Signature: _____

Date: _____

To file an ADA complaint by mail, send this completed form to:

U.S. Department of Justice
950 Pennsylvania Avenue, NW
Civil Rights Division

Disability Rights Section
Washington, D.C. 20530

To file an ADA complaint by facsimile, fax this completed form to: (202) 307-1197

Paperwork Reduction Act Statement

This request is in accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. § 3507. This information collection is for the purpose of allowing the Department of Justice's Disability Rights Section (DRS) to engage in authorized civil rights compliance and enforcement activities. Providing the information is voluntary, except that failure to provide such information may result in DRS being unable to process your complaint. The estimated average burden associated with this collection is 45 minutes per response, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden may be sent to DRS by email at: DRS.PRA@crt.usdoj.gov. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Privacy Act Statement

The Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12131-12134, and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, authorize the solicitation of the information for this form. Providing the information is voluntary, except that failure to provide such information may result in the Department of Justice's Disability Rights Section (DRS) being unable to process your complaint. The principal purpose of collecting information from you is for DRS's authorized civil rights compliance and enforcement activities. DRS will not disclose your name or other identifying information about you unless it is necessary for enforcement activities against an entity alleged to have violated federal law, required to be disclosed under the Freedom of Information Act, 5 U.S.C. § 552, disclosure is permitted pursuant to the Privacy Act, or is otherwise required by law. The records that you provide to DRS may be disclosed in accordance with the provisions of the Privacy Act, including: to appropriate Federal, State, or local agencies; Members of Congress or staff; volunteer student workers within the Department of Justice so that they may perform their duties; the news media and the public pursuant to 28 C.F.R. § 50.2, unless it is determined that release of the specific information in the context of a particular case would constitute an unwarranted invasion of personal privacy; the National Archives and Records Administration and General Services Administration to perform records management inspection functions in accordance with their legal responsibilities, or; for other routine uses indicated in the JUSTICE/CRT-001 "Central Civil Rights Division Index File and Associated Records" system of records notice. To view the routine uses applicable to this system of records, please consult the system of records notice, as amended, at the following links:

68 Fed. Reg. 47610 ,611 at <https://www.gpo.gov/fdsys/pkg/FR-2003-08-11/pdf/03-20342.pdf>

70 Fed. Reg. 43904 at <https://www.gpo.gov/fdsys/pkg/FR-2005-07-29/pdf/05-14944.pdf>

82 Fed. Reg. 24147 at <https://www.gpo.gov/fdsys/pkg/FR-2017-05-25/pdf/2017-10780.pdf>

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