

# **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

**Phillippa Lewis Moss**  
**Community Services Director**  
**[pmoss@gainesville.org](mailto:pmoss@gainesville.org)**  
**770.503.3340**

## ADA

Hall Area Transit will provide mobility device accommodation provided 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 & 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 esté ocupada, que no exceda el peso y el límite especificados por el fabricante.

El operador del autobús ayudará 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 practicas)

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 asiendo 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's 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 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 the 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 for 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.)

ADA Grievance Form

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

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OMB No. 1190-0009

**Title II of the Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973  
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:

\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to:

U.S. Department of Justice  
Civil Rights Division  
950 Pennsylvania Avenue, NW  
Disability Rights - NYAV  
Washington, D.C. 20530

**Paperwork Reduction Act Statement:**

A federal 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. Public burden for the collection of this information is estimated to average 45 minutes per response. Comments regarding this collection of information should be directed to the Department Clearance Officer, U.S. Department of Justice, Justice Management Division, Office of the Chief Information Officer, Policy and Planning Staff, Two Constitution Square, 145 North Street, N.E., Room 2E-508, Washington, D.C. 20530.

OMB No. 1190-0009. Expiration Date: July 31, 2018.

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