

Kendall Area Transit ADA Complaint Procedures and Form

Policy and Procedures:

The Kendall Area Transit (KAT) is committed to ensuring safe and efficient transportation for persons with disabilities, as provided by the Americans with Disability Act (ADA).

Any ADA transportation service complaints received by Kendall Area Transit will be immediately investigated and every effort made to seek an appropriate and prompt resolution. By promptly identifying deficiency areas, Kendall Area Transit will work to make the necessary corrections or adjustments to alleviate the situation.

All ADA Transportation service complaints shall be submitted in writing on the agency's complaint form and returned to the Kendall Area Transit, Administration Department 111 West Fox Road, Yorkville, IL 60560. Please see the attached form.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Kendall Area Transit, Administration Department (630)553-4171. The completed form must be returned to Kendall Area Transit, Administration Department 111 West Fox Road, Yorkville, IL 60560.

The investigative officer shall maintain a log of ADA complaints received from this process which log shall include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken by Kendall Area Transit in response to the complaint. Should Kendall Area Transit receive an ADA complaint in the form of a formal charge or lawsuit, the agency's attorney shall be responsible for the investigation and maintaining a log as described herein.

Kendall Area Transit
ADA Complaint Form

Name: _____

Street Address: _____

Phone: _____ Alternate Phone: _____

Person discriminated against (if someone other than complainant):

Name(s): _____

Street Address, City, State & Zip Code: _____

Date of Incident: _____

Please describe the alleged incident (attach additional pages if needed):

(Description of incident continued):

Have you filed a complaint with any other federal, state or local agencies? Yes No
If so, list agency / agencies and contact information below:

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code _____

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainants Signature **Date**

Print or type name of complainant: _____

For KAT Use Only

Date Received: _____ Received By: _____