



## Americans with Disabilities Act (ADA)

### Complaint Policy & Procedures

Flint Hills Area Transportation Agency Inc. (FHATA) receives ADA complaints from customers or their representatives regarding fixed-route, general demand response, and ADA complementary paratransit operations, policies, and procedures. The following policy outlines the process for recording, investigating, responding to, and maintaining ADA complaints.

#### Objectives

The objectives of the complaint procedures are to:

- Provide an opportunity for customers to report any policies, procedures, or actions by FHATA they believe violate the ADA regulations.
- Document and investigate the allegations in a timely and thorough manner.
- Timely respond to customers and provide the outcome of the investigation.

#### Civil Rights Officer

FHATA's Civil Rights Officer investigates ADA complaints. The Civil Rights Officer is:

Katey Cain  
5815 Marlatt Av  
Manhattan, KS 66503  
785-537-6345/1-877-551-6345  
[kcain@fhata.org](mailto:kcain@fhata.org)

#### Complaint Receipt

1. Customer Service Representatives receive the complaint from customers or their representatives via the telephone (785-537-6345/1-877-551-6345), e-mail ([kcain@fhata.org](mailto:kcain@fhata.org)), mail (5815 Marlatt AV Manhattan, KS 66503) on the FHATA website ([www.flinthillsatabus.com](http://www.flinthillsatabus.com)), or in person at:

Flint Hills Area Transportation Agency Inc.  
5815 Marlatt Av  
Manhattan, KS 66503

2. Complaints are taken up to 180 days past the date of the incident. Beyond that time period, complaints will be classified as comments.
3. The complaint is input into a Call Log in the Quality Assurance software by a Customer Service Representative immediately upon receipt of the complaint. In order for a complaint to be investigated, customers or their representatives must provide an address, telephone number, or email address. Those complaints without contact information will be classified as comments.
4. The Civil Rights Officer will review the complaints for completeness and accuracy and call the customer if additional details are needed for the investigation. The Civil Rights Officer will have three (3) calendar days to complete the initial review.

### Complaint Investigation and Customer Follow-up

1. Any complaint that alleges discrimination on the basis of disability will be designated as an ADA complaint. The Civil Rights Officer will be responsible for investigating the complaint and following up with the customer.
2. The Civil Rights Officer will be responsible for contacting the appropriate manager/ service contractor(s) to get information needed in order to complete the investigation of the complaint including, but not limited to, any video or audio recordings of the incident.
3. Once the investigation has been completed, the Civil Rights Officer will make a decision regarding the validity of the complaint and what, if any, remedial actions will be taken to address the complainant's concerns.
4. The Civil Rights Officer will notify the complainant in writing of FHATA's decision regarding the complaint typically within seven (7) calendar days after the investigation has been completed.
5. If complainants disagree with the determination by the Civil Rights Officer, they can appeal the decision in writing within thirty (30) days from the date of the determination letter. The appeal letter should state the reason(s) the complainant believes the decision was in error. The appeal letter should be mailed to:

Executive Director  
Flint Hills Area Transportation Agency Inc.  
5815 Marlatt Av  
Manhattan, KS 66503

## Complaint Tracking and Record Retention

1. The Civil Rights Officer will be responsible for tracking all ADA complaints for the purpose of establishing trends in allegations of discrimination.
2. The Civil Rights Officer will maintain a summary log of all ADA complaints. In addition, all complaint documents and materials gathered during the investigation are maintained for no less than five (5) years.



**5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.**

Yes, I have permission.     No, I do not have permission

**6. I believe that the discrimination I experienced was based on** (check all that apply)

Accessibility issue     Discrimination based on disability     Other

**7. Date of alleged discrimination** (Month, Day, Year):

**8. Where did the alleged discrimination take place?**

**9. Explain as clearly as possible what happened and why you believe that you were discriminated against.** Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

**10. Please list any and all witnesses' names and phone numbers/contact information.** *Use the back of this form or separate pages if additional space is required.*

**11. What type of corrective action would you like to see taken?**

**12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court?**  Yes If yes, check all that apply.  No

Federal Agency (List agency's name)

Federal Court (Please provide location)

State Court

State Agency (Specify agency)

County Court (Specify court and county)

Local Agency (Specify agency)

**13. Please provide information about a contact person at the agency/court where the complaint was filed.**

Name:	Title:
Agency:	Telephone: (     )
Address	
City:	State:                      Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.  
Signature and date is required:

Signature of Aggrieved Party	Date

If you completed Questions 3, 4 and 5, your signature and date is required.

Signature of Person Filing Complaint	Date