

## **Woodford County ADA Complaint Procedures and Form**

### **Policy and Procedures:**

Woodford County is committed to providing equal access and opportunity to qualified individuals with disabilities in all programs, services and activities, as provided by the Americans with Disability Act (ADA).

Investigation of ADA Complaints will begin with a determination of whether the complaint is transportation related or not. If the complaint is related to transit, the investigation directed to and conducted by our transit service provider, We Care. Non-transit complaints will be investigated by the Woodford County Coordinator.

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

ADA Transportation service complaints may be submitted in writing on the agency's Combined ADA and Title VI Complaint Form and returned to:

**ADA Officer – Human Resources  
TCRC, Inc. DBA We Care  
21310 State Route 9  
Tremont, IL 61568  
(309) 347-7148**

Non-transit complaints may be submitted in writing on the County's Combined ADA and Title VI Complaint Form and returned to:

**Woodford County Coordinator  
115 N. Main Street, Room 103,  
Eureka, IL 61530  
(309) 467-7343**

Please see the attached form or visit our website.

If assistance is required in completing this form, including if you are unable to submit the complaint in writing, please contact:

The Woodford County Coordinator  
(309) 467-7343

The Complainant will be informed in writing of the findings of the investigation, including any corrective actions taken. If the complainant is dissatisfied with the outcome of the investigation, please contact the Woodford County Coordinator or for transit complaints contact We Care's Human Resources ADA officer. An appeal will be heard by separate personnel than those who made the original decision.

The investigative officer shall maintain a log of ADA complaints received from this process. This log will include:

- The date the complaint was filed
- A summary of the allegations
- The status of the complaint, and
- Actions taken by [Insert name of transit provider] in response to the complaint

Should Woodford County receive an ADA complaint in the form of a formal charge or lawsuit, the agency's attorney shall be responsible for the investigation.

## Combined Complaint Form for ADA and Title VI Woodford County

<b>Section I:</b>			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape	
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other	
<b>Section II:</b>			
Are you filing this complaint on your own behalf?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to <b>Section III</b>.</i>			
If not, please supply the name and relationship of the person for whom you are complaining.			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section III:</b>			
I believe the discrimination I experienced was based on (check all that apply):			
Title VI:		ADA:	
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability
Date of Alleged Discrimination (Month, Day, Year): _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.			
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>			
<b>Section VI:</b>			
Have you previously filed a Discrimination Complaint with this agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.

**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency: \_\_\_\_\_

☐ Federal Court: \_\_\_\_\_ ☐ State Agency: \_\_\_\_\_

☐ State Court: \_\_\_\_\_ ☐ Local Agency: \_\_\_\_\_

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Section VI:**

Name of agency complaint is against: \_\_\_\_\_

Name of person complaint is against: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone Number (if available): \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date are **required** below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this form in person at the address below, or mail this form to:**

**Woodford County Coordinator  
115 N. Main Street, Room 103,  
Eureka, IL 61530  
(309) 467-7343**

**For Woodford County Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_