

City of Racine Transit - RYDE

ADA / Disability Complaint Procedure

Any person who believes she or he has been discriminated against on the basis of a disability by City of Racine Transit may file an ADA / Disability complaint by completing and submitting the agency's ADA / Disability Complaint Form.

The City of Racine investigates complaints received no more than 180 days after the alleged incident. The City of Racine will process complaints that are complete.

Once the complaint is received, the City of Racine will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The City of Racine has 60 working days to investigate the complaint. If more information is needed to resolve the case, the city may contact the complainant.

The complainant has 30 business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 60 business days, the city can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not an ADA / Disability violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.

If the complainant wishes to appeal the decision, she/he has seven calendar days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

ADA / Disability Complaint Form

City of Racine Transit assures that no person shall on the grounds of a disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, as provided by ADA / Americans with Disabilities Act that was signed into law on July 26, 1990.

Any person(s) or organization(s) believing they have been a victim of discrimination based on a disability may file a complaint with the City of Racine Human Resources Department of Civil Rights.

Complaints can be filed by calling the City of Racine’s Human Resources Department at (262) 636-9599 or email the City of Racine at rashanda.cainion@cityofracine.org, you can also complete the complaint form below.

Mail or drop off completed forms to:

City of Racine, Human Resources Department, Room 204, 730 Washington Ave, Racine, WI. 53403

Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Email Address:			
Accessible Format Requirements?	Large Print	Audio	
	TDD	Other	
Are you filling the complaint on your own behalf?		Yes	No
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		Yes	No

I believe the discrimination I experienced was based on (check all that apply):

Disability Other

Date of Incident (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.

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

Signature and date required below

Signature: _____

Date: _____