

Winston-Salem Transit Authority ADA Complaint Form and Process

In compliance with the Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38, and 39) and Section 504 of the Rehabilitation Act of 1973 as amended, the Winston-Salem Transit Authority (WSTA) ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of disability may file an ADA complaint.

Section I

Last Name:		First Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:			City:	State:	Zip:
Home/Cell Telephone: ()		Work Telephone: ()		E-mail Address:	
Do you require information in accessible format? <input type="checkbox"/> Yes <input type="checkbox"/> No		Large Print? <input type="checkbox"/> Yes <input type="checkbox"/> No TTY/TDD? <input type="checkbox"/> Yes <input type="checkbox"/> No		Audio Tape? <input type="checkbox"/> Yes <input type="checkbox"/> No Email? <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Please specify): _____	

Section II

Are you filing this complaint on your own behalf? Yes No

If you answered yes to this question, please go to Section III.

If the complaint is not on your own behalf, please supply the name and your relationship of the individual for whom you are filing:

Have you obtained permission from this individual to file the complaint on their behalf? Yes No

Section III

If you believe that you or another person has been discriminated against by the Winston-Salem Transit Authority (WSTA) based on a disability, please provide as much detail as possible concerning the acts of discrimination.

Date of Act of Discrimination (Month/Day/Year): Trans-AID or Fixed Route: Time:

Route #: Vehicle #: Location of incident:

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How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (You may attach additional materials or other information that you think is relevant to your complaint)

The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of individuals responsible for the discriminatory action(s):

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional page(s), if necessary)

Name

Address

Telephone

- 1.
- 2.
- 3.
- 4.

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Have you filed or intend to file a complaint regarding the matter raised with any other federal, state, or local agency? Yes No

If yes, check all that apply and provide the filing dates:

- | | |
|---|--|
| <input type="checkbox"/> Federal Transit Administration | <input type="checkbox"/> Federal Court |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> State Court |
| <input type="checkbox"/> Local Agency | <input type="checkbox"/> Local Court |

Please provide contact information for the person you spoke with at the above agency:

Name: _____ Title: _____

Agency Name: _____

Address: _____

Telephone #: _____

Section IV

Have you discussed the complaint with any Winston-Salem Transit Authority representative? Yes No

If yes, provide the name, position of the representative, and date of discussion.

Contact Name: _____ Position of Representative: _____ Date of Discussion: _____

Please provide any additional information that you believe would assist with an investigation.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

****WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

Print Name of Complainant

Signature of Complainant

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MAIL ADA COMPLAINT FORM TO:

Winston-Salem Transit Authority

Mailing:
100 W 5th Street
Winston-Salem, NC 27101

Location:
100 W 5th Street
Winston-Salem, NC 27101

Or email: wstaada@wstransit.com

FOR MORE INFORMATION VISIT THE WEB SITE:

www.wstransit.com

or call
336.727.2000

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: Winston-Salem FTA Date Referred: _____

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Complaints may be submitted by filing an ADA Complaint form online by downloading the ADA Complaint form from www.wstransit.com, by emailing wstaada@wstransit.com, by calling the customer service line at 336.727.2000, by fax at 336.748.3161, or in person at the Clark Campbell Transportation Center at 100 W 5th; Winston-Salem, NC 27101. If the complainant is unable to file the complaint, a representative may file on his or her behalf or the ADA Administrator will provide assistance. Complaints must be filed within 30 days of the alleged incident.

1. The ADA Administrator will contact the complainant via phone and/or mail within five (5) business days of the receipt of the complaint to obtain further information. If needed, the Winston-Salem Transit Authority (WSTA) will schedule an in-person meeting with the complainant. Any requested information must be received by WSTA within five (5) days of the request.
2. WSTA will begin the investigation within ten (10) business days of the receipt of the complaint if the alleged discrimination is found to be a violation of ADA regulations.
3. An investigation into the complaint will be conducted and documented to determine whether WSTA failed to comply with ADA regulations.
4. WSTA will complete the investigation within twenty (20) business days of the receipt of the complaint. If additional time is needed to conduct the investigation, the complainant will be notified via phone and/or mail.
5. WSTA will promptly communicate its response to the complainant; including its reasons for the response. The complainant will have 5 business days from the receipt of WSTA's response to file an appeal. If no appeal is filed, the complaint will be closed.

WSTA will process and investigate all complaints that meet the requirement of ADA discrimination. If the complainant fails to provide the required information within the required timeframe, the complaint will be closed. The complainant will be notified via phone and/or mail regarding the case closure.