

## Discrimination Based on Disability Complaint Form

If you believe you have been discriminated against based on your disability you may complete and submit this form. Your civil rights are protected under the federal Americans with Disabilities Act. You may also call Customer Service at (425) 353-RIDE (7433), TTY Relay: Dial 711, or contact <a href="mailto:ada@commtrans.org">ada@commtrans.org</a>. Complaints must be received within 180 days of the alleged discriminatory complaint.

Section 1—Contact Information	
Name:	Phone:
Mailing Address:	
City/State/Zip Code:	
Email:	
Mobility aid used (if any):	
Accessible Format Requirements: ☐ Language Assis	stance □ Large Print □ Other
Are you filing this complaint on your own behalf?	Yes □ No
If NO, provide the name and relationship to the perso	
Section 2—Alleged Discrimination Information	
Date and Time of Alleged Discrimination:	
Location of Alleged Discrimination:	
If the alleged discrimination occurred on a bus, please	e provide the route, direction of travel, and bus
number (if available):	

Explain the events that happened and why you believe you were discriminated against. Please include the names, titles and descriptions of the Community Transit employees involved, Witness and their		
Section 3-	-Complaint Information	
Have you previously filed a disability complaint with Community Transit? ☐ Yes ☐ No Have you filed this complaint with other Federal, State or Local Agencies? ☐ Yes ☐ No		
Agency:	Contact Name:	
Address:	City/State/Zip Code:	
Contact Nu	mber:	
	–Signature	
-	ttach any written materials or other information relevant to your complaint.	
Please sig	n and date.	
Name		
Name	Bate	
Mail to:	Community Transit	
	2312 W Casino Road	
	Everett, Washington 98204 ATTN: Executive Department	
	ATTITE EXOCUTE Department	

Discrimination Based on Disability Complaint Form

OR Email to: <a href="mailto:ada@commtrans.org">ada@commtrans.org</a>

## **Discrimination Based on Disability Process**

Once a discrimination complaint is received by Community Transit, the Executive Department will review the complaint and the complainant will receive an acknowledgment letter informing them whether the complaint will be investigated by Community Transit.

Community Transit's goal is to resolve these complaints within 30 days. After the Executive Department reviews the complaint, one of two letters will be issued to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was no disability violation and that the case is closed. An LOF summarized the allegations and provides an explanation of the corrective action taken. If the complainant wished to appeal the decision, they have 30 days after the date of the letter to do so.

The appeal should be submitted in writing stating the reason(s) for the appeal and should be submitted to Community Transit Attn: Executive Department 2312 W Casino Road, Everett, WA 98204. Community Transit's CEO, or designee, shall promptly consider the appeal. Consideration of the appeal will be based on the written appeal and accompanying documentation and with the discretion of the CEO or designee may include a meeting with the appealing party. Community Transit's CEO or designee shall within a reasonable time but not to exceed sixty (60) calendar days from receipt of the appeal by Community Transit, issue a written decision to the appealing party. The decision shall include an explanation of the reasons for the decision and any facts that were considered in rendering the decision. The decision by the CEO or designee shall constitute the final administrative determination by Community Transit.

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