

## Discrimination American with Disabilities Act (ADA) Complaint Form

<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>		
If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.		
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. Any details related to time of day, transit route/line, vehicle ID or Name. If more space is needed, please use the back of this form.		
_____		
_____		
_____		

**Section IV:**

Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide any reference information regarding your previous complaint.

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**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:

Council on Aging of Elkhart County Inc  
David Toney, CEO  
131 West Tyler Street, Suite 1A  
574-295-1820, ext 222  
[dtoney@elkhartcoa.org](mailto:dtoney@elkhartcoa.org)

A copy of this form can be found online at [elkhartcoa.org](http://elkhartcoa.org)  
If you need assistance completing this form contact David Toney at 574-295-1820, ext 222.

## ADA Complaint Process

In compliance with the U.S. Department of Transportation 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, Council on Aging of Elkhart County Inc 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.

Complaints may be submitted by filing a Customer Service Report/ADA Complaint Form online, by downloading an ADA Complaint Form at [elkhartcoa.org](http://elkhartcoa.org) or by calling 574-295-1820. If the complainant is unable to write a complaint, a representative may file on his or her behalf, or Council on Aging of Elkhart County Inc staff will provide assistance. Complaints must be filed within 180 calendar days of the alleged incident.

1. The CEO will contact the complainant within 10 business days of receipt of complaint. Any requested information must be received by Council on Aging of Elkhart County Inc within 5 days of request\*.
2. Council on Aging of Elkhart County Inc will begin the investigation within 15 business days of receipt of 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 Council on Aging of Elkhart County Inc failed to comply with ADA regulations.
4. Council on Aging of Elkhart County Inc will complete the investigation within 60 calendar days of receipt of complaint. If additional time is needed for the investigation, the complainant will be notified.
5. Council on Aging of Elkhart County Inc will promptly communicate its response to the complainant, including its reasons for the response. The complainant will have 5 business days from receipt of Council on Aging of Elkhart County Inc response to file an appeal. If no appeal is filed, the complaint will be closed. Council on Aging of Elkhart County Inc process and investigate all complaints that meet the requirements of ADA discrimination. If the complainant fails to provide required information within the required timeframe, the complaint may be closed.