

**Delaware Transit Corporation**

**ADA Complaint**

**Procedure and Form**



## ADA Complaint Procedure

Title II and III of the Americans with Disabilities Act of 1990 (ADA) provide that no entity shall discriminate against an individual with a disability in connection with the provision of transportation service. The law sets forth specific requirements for addressing complaints and providing service. In the Delaware Transit Corporation (DTC) complaint investigation process, we analyze the complainant's allegations for possible ADA and related deficiencies by the transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe.

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**Delaware Transit Corporation  
FY 20\_\_ ADA Complaint Form**

***Section I***

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

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

Telephone Numbers:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Accessible Format Requirements?

Large Print \_\_\_\_\_ Audio tape \_\_\_\_\_

TDD \_\_\_\_\_ Other \_\_\_\_\_

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**Section II**

Are you filing this complaint on your own behalf?

Yes \_\_\_ No \_\_\_

[If you answered "yes" to this question, go to Section III.]

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 \_\_\_

Has the Agency been named in any lawsuits or complaints in the last year which allege an individual was discriminated against or denied full participation in transportation based on disability.

Yes \_\_\_ No \_\_\_

Include a brief description of the complaint and status.

***In the last year, have you had ADA compliance review conducted on your transportation program as part of an overall FTA or DTC Compliance Review?***

***Yes \_\_\_ No \_\_\_***



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*Provide a summary including the purpose or reason for the review, the name of the agency or organization that performed the review, the findings and recommendations of the review, and a report on the status and and/or disposition of such findings and recommendations.*

*Have any changes been made to your ADA Complaint Policy?*

Yes \_\_\_\_\_ No \_\_\_\_\_

*Please provide an explanation of changes.*

*If your agency is operating inaccessible revenue vehicles, is equivalent service\* being offered to riders?*

- *Equivalent service means that all riders, including wheelchair users, must be provided with the same level of service.*

Yes \_\_\_\_\_ No \_\_\_\_\_

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***Please provide an explanation why equivalent service is not offered to riders.***

***Section III***

Have you previously filed an ADA complaint with FTA? Yes \_\_\_ No \_\_\_

If yes, what was your FTA Complaint Number? \_\_\_\_\_

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Transit Provider \_\_\_ Department of Transportation \_\_\_

Department of Justice \_\_\_ Equal Employment Opportunity Commission \_\_\_

Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint? Yes \_\_\_ No \_\_\_

If yes, please provide a copy of the complaint form.

**[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]**



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***Section IV***

Name of public transit provider complaint is against:

\_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

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

**On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.**

***Section V***

May we release a copy of your complaint to the transit provider?

Yes \_\_\_ No \_\_\_

May we release your identity to the transit provider?

Yes \_\_\_ No \_\_\_

Please sign here: \_\_\_\_\_

Date: \_\_\_\_\_

[Note - We cannot accept your complaint without a signature.]

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**Please mail your completed form to: Delaware Transit Corporation, ATTN: Mobility and Contract Operations Manager, 119 Lower Beech St. Wilmington DE. 19805**

**Or**

**Please email your completed form to [DART5310program@delaware.gov](mailto:DART5310program@delaware.gov)**

