

# Regional Transportation Commission of Southern Nevada

## Americans with Disabilities Act (ADA) Complaint Form

### Notice and Grievance Procedure for Complaints of Discrimination Based on Disability

The Regional Transportation Commission of Southern Nevada (RTC) has established a process for investigating and resolving complaints alleging discrimination based on disability regarding services, programs, and facilities pursuant to Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 as implemented in 49 CFR Parts 27, 37, and 38 and 28 CFR Part 35 (for programs and facilities). This Notice and Grievance Procedure is adopted pursuant to 28 CFR 35.107 and 49 CFR 27.13 both entitled, *Designation of responsible employee and adoption of grievance procedures*.

The RTC's Director of Paratransit & Specialized Services or his/her designee shall be responsible for overseeing investigations and responses to complaints of discrimination based on disability.

**Acknowledgment of Complaint:** Within seven calendar days after receipt of the complaint, a letter will be sent to the complainant that includes the following:

1. Acknowledgement that the complaint has been received and forwarded for investigation;
2. The date by which a response will be sent to the complainant;
3. And how to contact RTC if the complainant does not receive a response by that date.

**Investigation of Complaint:** The designated RTC staff member will investigate the complaint and respond in writing within a reasonable time, not to exceed 30 days from receipt of the complaint. The response will set out a process for resolution of the complaint. If no action is taken, the response will state the reasons for the decision. (RTC employee and RTC transit contractor's personnel files are confidential; therefore, specific information on disciplinary actions resulting from complaints will not be divulged.)

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to: RTC, Attention: Safety & Security Department, 600 S. Grand Central Parkway, Suite 350, Las Vegas, NV 89106.

1. Complainant's Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Telephone No. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_



5. E-mail Address: \_\_\_\_\_

6. Person discriminated against (if other than complainant)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Date of incident resulting in discrimination: \_\_\_\_\_

7. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? (Check appropriate space) Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is yes, check each agency complaint was filed with:

Federal Agency \_\_\_\_\_ Federal Court \_\_\_\_\_ State Agency \_\_\_\_\_  
State Court \_\_\_\_\_ Local Agency \_\_\_\_\_ Other \_\_\_\_\_

9. Provide contact person information for the agency you also filed the complaint with:

Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date Filed: \_\_\_\_\_

10. Sign the complaint in space below. Attach any documents you believe supports your complaint.

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Signature Date**

