

Suspension Appeals Process

A suspension may result from violations of passenger behavior rules, violation of the no-show policy, or for other inappropriate or disruptive behavior. Regardless of the reason for suspension, each passenger has a right to appeal the decision through an appeals process.

Appeals must be submitted in writing to Ada Mears, Executive Director, by mail at 22 Bank Lane Dover, Ohio 44622, or by email at amears@seailc.org within 10 days of notification of suspension. All passengers will be permitted to continue using service during the appeals process. Society for Equal Access/ILC management will inform all schedulers/dispatchers that the suspension is pending an appeal and to allow service to continue for the affected passenger.

An Appeals Committee will review all applicable information from Society for Equal Access/ILC and the involved passenger. All passengers will be offered the opportunity to speak directly with Committee members and/or the Transportation Supervisor regarding the submitted appeal and/or circumstances that led the suspension and subsequent appeal.

After a thorough review of all available information and testimony, the Appeals Committee will have 72 hours in which to issue a recommendation to sustain or reverse the suspension. The Committee recommendation will be forwarded to the Executive Director for final review and implementation.

The Society for Equal Access/ILC administration will have ten (10) days to issue a final suspension decision in writing to the passenger involved. All final decisions will be implemented within seven (7) days of passenger notification.

All communications will be made available in alternate format upon request.

ADA/Title VI Complaint Form

Background

This form is used for both Title VI and Americans with Disabilities Act (ADA) complaints.

The Civil Rights of 1964 (Title VI) identifies the three classes protected by Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination. If any of the Limited English Proficient (LEP) populations in our service area meet the Safe Harbor threshold, then the procedure will be provided in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.

The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any federally funded program, service, or activity.

Society for Equal Access/ILC is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964 (Title VI) as well as providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call the ADA/Title VI Coordinator at 330-343-9292. **Once completed, return a signed and dated copy to:**

**Ada Mears, Executive Director
22 Bank Lane Dover, Ohio 44622**

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call 330-343-9292.

Please check one of the following below:

☐ **ADA Complaint** or ☐ **Title VI Complaint**

Part I.

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Additional Formats Needed:

☐ None

☐ TDD

☐ Large Print

☐ Audio Tape

☐ Other

Part II.

Are you filing this complaint on your own behalf?

☐ Yes – Proceed to Part III

☐ No – Please provide the name of and your relationship with this person:

Name of Individual: _____

Your Relationship: _____

Please explain why you have filed for a third party:

Confirm:

☐ I have obtained permission of the aggrieved party to file this form on his or her behalf.

☐ I have not confirmed permission to file this form on behalf of the aggrieved party.

Part III.

I believe the discrimination I experienced was based on:

☐ Race

☐ Color

☐ National Origin

☐ My Disability

☐ Other: _____

Date of the alleged discrimination: _____

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.

Part IV.

Have you previously filed an ADA and/or Title VI complaint with this agency?

- ☐ Yes
☐ No

Part 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 the contact information for a person at the agency or court where the complaint was filed:

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Email: _____

Part VI.

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

Important Notice: To protect your rights, your complaint must be filed within 30 days following the date of the alleged discrimination. Failure to file within 30 days may result in dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Signature and date required below.

Signature of Person Filing Complaint

Date