

Complaint Procedure

Walworth County/Wal-to-Wal DIAL-a-RIDE's Complaint Procedure is available:

- ✓ Agency website, either as a reference in the *Notice of Nondiscrimination* or in its entirety
- ✓ Agency office - Hard copy at Walworth County Government Center – Administration Office

Any person who believes they've been discriminated against on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficient (LEP) by **Walworth County/Wal-to-Wal DIAL-a-RIDE** may file a complaint by completing and submitting **Walworth County/Wal-to-Wal DIAL-a-RIDE's** Complaint Form.

The Complaint Form may also be used to submit general complaints.

Walworth County/Wal-to-Wal DIAL-a-RIDE investigates complaints received no more than 180 calendar days after the alleged incident. **Walworth County/Wal-to-Wal DIAL-a-RIDE** will process complaints that are complete.

Once the complaint is received, **Walworth County/Wal-to-Wal DIAL-a-RIDE** will review the complaint and work to resolve the complaint informally, if possible.

If the complaint warrants a formal civil rights complaint process, **Walworth County/Wal-to-Wal DIAL-a-RIDE** will follow the steps listed in this complaint procedure. **Walworth County/Wal-to-Wal DIAL-a-RIDE** may also use this formal procedure to address general complaints. If **Walworth County/Wal-to-Wal DIAL-a-RIDE** determines it has jurisdiction the complainant will receive an acknowledgement letter stating the complaint will be investigated by **Walworth County/Wal-to-Wal DIAL-a-RIDE** as a civil rights complaint.

Walworth County/Wal-to-Wal DIAL-a-RIDE has **30** business days to investigate the civil rights complaint. If more information is needed to resolve the case, **Walworth County/Wal-to-Wal DIAL-a-RIDE** may contact the complainant.

The complainant has **10** business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within **10** business days, **Walworth County/Wal-to-Wal DIAL-a-RIDE** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, one of two (2) 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 not a Title VI violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, the complainant has **30** business days after the date of the letter or the LOF to do so.

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

If information is needed in another language, then contact 262-741-4356.

Si se necesita informacion en otro idioma de contacto, 262-741-4356.

Complaint/Comment Form

Walworth County/Wal-to-Wal DIAL-a-RIDE is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints.

Please submit this form electronically at gbobier@co.walworth.wi.us or in person at the address below.

Walworth County/Wal-to-Wal DIAL-a-RIDE
100 West Walworth Street
Elkhorn, WI 53121

You may also call us at 262-741-4356. Please make sure to provide your contact information in order to receive a response.

Section A: Accessible Format Requirements

Please check the preferred format for this document

<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD or Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other (if selected please state what type of format you need in the box below)
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Other

Section B: Contact Information

Name	Telephone Number (including area code)
Address	City
State	Zip Code

Email Address

Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below.

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
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Section C: Type of Comment

What type of comment are you providing? Please check which category best applies.

<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Compliment	<input type="checkbox"/> Other
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Which of the following describes the nature of the comment? Please check one or more of the check boxes.

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Service	<input type="checkbox"/> Income Status
<input type="checkbox"/> Limited English Proficient (L.E.P)		<input type="checkbox"/> Americans with Disability Act (A.D.A)	

Section D: Comment Details

Please answer the questions below regarding your comment

Did the incident occur on the following type of service? <i>Please check any box that may apply.</i>	<input type="checkbox"/> Paratransit	<input type="checkbox"/> Shared Ride Taxi	<input type="checkbox"/> Bus
What was the date of the occurrence?	Day, month, year		
What was the time of the occurrence?	Time		
What is the name or identification of the employee or employees involved?			
What is the name or identification of others involved, if applicable?			
What was the number or name of the route you were on, if applicable?			
What was the direction or destination you were headed to when the incident occurred, if applicable?			
Where was the location of the occurrence?			
Was the use of a mobility aid involved in the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please add any additional descriptive details about the incident.			

In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.

Section E: Follow-up

May we contact you if we need more details or information?

Yes

No

If yes, how would you best liked to be reached? Please select your preferred form of contact below

Phone

Email

Mail

If you would prefer to be contacted by phone, please list the best day and time to reach you.

Preferred time

Preferred day

Section F: Desired Outcome

Please list below, what steps you would like taken to address the conflict or problem.

If applicable, please list below all additional agencies you have filed this complaint with such as Federal, State, Local agencies, or with any Federal or State Court. Please include the contact information to where the complaint was sent.

Section G: Signature

Please attach any documents you have which support the allegation. Then date and sign this form and send it to Walworth County/Wal-to-Wal DIAL-a-RIDE.

Print Name

Date: Day, month, year

Signature
